PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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WRITE

PLACE OF DEATH County Allegary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or Gity Cumbulauf (No. 316, 2FULL NAME Mary alle	U.Q. M.E. St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Married (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That attended deceased from
Cold 21 884 (Morph) (Day (Year)	that I last saw h _ 1 aliva on _ / 12. 4.
7 AGE 11 LESS that 1 day,	and that death occurred on the date stated above, at 4. m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Cortes Insufficiency  (Buration) yrs. mos. 3 ds.  Contributory Ulcurative Tomailite
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Mclarel Welsh  11 BIRTHPLACE OF FATHER (State or country)  2 Maiden NAME OF MOTHER OF MOTHER AND BLOCK OF MOTHER	(Signed) Secondary (Boration) yrs mos 5 ds.  (Signed) Sull and J. Hourd, M. D.  And S., 191 (Address) Coursely of and the from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  CICLUIDALE  CONTROLLIA	TAL, SCICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.  Where was disease contracted, If not at place of death? former or usual residence.
(Address) Warrey C.  16 Filed AN 17 1914 Francisch	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  OF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, eause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for ehildbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



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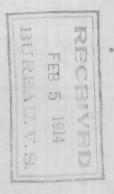
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME Instead of sfreet and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR BACE MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signer PARENTS 11 BIRTHPLACE 2 . 191 44 OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country ... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. Where was disease contracted. 14 THE ABOVE IS If not at place of death? usual residence OF SURIAL OR REMOVAL DATE OF BURIA 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Branklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulngitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia" unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

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Cou	PLACE OF DEATH 3	STATE OF MARYLAND CERTIFICATE OF DEATH
	+1 1	Registration Dist. No.
Villa	2FULL NAME FOR 3	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
385	Accorded to the state of the st	18 DATE OF DEATH  (Month)  (Day  (Year)  17 A 1 HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day (Year)	that I last saw h we alive on Jerry 8 1914
7 AG		and that death occurred on the date stated above, at 12.300 m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a)	CUPATION Trade, profession, or licular kind of work	Thigh-
(b) busin	General nature of industry, less, or establishment in h employed (or employer)	Mugrand land (Duration) yrs mos ds.
9 81	State or country of the Or Leans Mel	Contributory Secondary  (Duration) yrs mos ds.
50	10 NAME OF John H ale	(Signed) Alkawlais, N. O.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER James O Reider	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country of the Or Leaves Md)	At place of death yrs. mos. 3 ds. State yrs. Comp. ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at the first at place of death?  Former or usual residence. A total of the first and
	(Address) ettle Or Lena Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	***************************************	20 UNDERTAKER ADDRESS
- C	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS RECORD ō Exact statement PERMANENT EXACTLY. stated classified. 4 IS pinous INK-THIS properly supplied. Pe UNFADING may certificate. that it 9 0 be on back should plain Information PO Every Item CAUSE OF Important. Z

### state allegan pinous OCCUPATION IS \*FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED .. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day TAGE If LESS than 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER WITH PARENTS 11 BIRTHPLACE OF FATHER (State or country) PLAINLY. 12 MAIDEN NAME DEATH in plain See instructions o OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) WRITE KNOWLEDGE (Intermant) (Address)..... 02 REGISTRAR

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or institution. give its NAME instead

of street and nomber.]

		CARTIE LIES		
16 DATE OF DEATH	anu	any	25	1914
//	(Mont		(Day	(Year)
17 I HEREBY	CERTIFY	Twat I a	ttended de	csased from
Jan. 24 .	914 to	Jan.		4
	91J, to	h	9,7	191
that I last saw home al	Ive on	yan,	20	, 191.4
and that death secures to				10
and that death occurred			DOVE, at	m
The CAUSE OF DEATH*	- /		noni	4
	(Dural	tion)	yrs	nos. / d:
Contributory				
Secondary	*******			
-9 44 444 4 444 444 45 5 6 6 6 6 5 6 6 6 6 6 6 6	(Dora	tion)	yrs	mosds
(0)0000	14. 4	Vond e	01	
(Signed)		1000	7	M. 0
1an.26 1914 (	Address)	unde	elano	l, Mid.
*State the DISEASE C	AUSING DE	ATH OF I	n doothe for	Z V
CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	NS OF INJ	URY; and	(2) wheth	er Acciden
18 LENGTH OF RESIDEN	CE FOR HO	SPITALS, IN	ATITUTIONS,	TRANSIENTE
Af place	16	In the		
of death yrs mos.	Æ ds.	State	yrs.	pos. 2 de
Where was disease contracted,	W. n	1. 4600	hitel	
Former or	3 11	0/	10	£
usual residence	BU AT	This	a	
19 PLACE OF BURIAL OF	DEMOVA			***************************************
PLACE OF BURIAL OF	REMOVA	D	DATE OF B	URIAL
/olales care	Deart.	Calle	ilali o	191 4
20 UNDERTAKER	11 .	N		1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

(Year)

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, pertionaeum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or institution, give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, M fonth) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h. L. allve on ..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .. 1 day,....hrs. OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_\_ yrs. .... Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Very

PHYSICIANS should of OCCUPATION IS

Exact statement

properly classified.

of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate.

CAUSE OF Important. S

N.B.

stated

pinous

AGE

RECORD

PERMANENT EXACTLY.

4

UNFADING INK-THIS IS

WITH

VIIIage or City Cure Verlauf (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Suigle Wioweo, Wioweo, Words (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year)	that I last saw halive on, 191
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Vill Bonz
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER  10 NAME OF FATHER	Contributory Secondary  (Duration)  yrs  mos  ds  Aigned)  MULLIA VALLELY  M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
of Mother Mary Bowles  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
(Interment) Alexa Sue Suvery	Where was disease contracted, If not at place of death? Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL COLLEGE OF BURIAL 21 1814
JAN 22 1014 T Manuellestra	20 UNDERTAKED ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichue mus," "Old Age," "Shock," "Uraemia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection ueed not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," Never report cause for



OCCUPATION Instructions 5 DEAT 0 mportant. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH lleganny Registration Dist. No Ilf death occurred in Hood St. (No. ....Ward) a hospital or institution. give its NAME instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED (Month (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... nin. ? .mos..... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in .... (Duration) ......yrs.....mos.... which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF PARENTS 11 BIRTHPLACE . 191 F. (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or count 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE) 13 BIRTHPLACE At place OF MOTHER -Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Jane 7 Look 1 15 an 19, 1914 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (0)

lesis of lungs, CAUSING DEATH (the primary affection with respect to ("Pneumonla," pneumonia"); term for the same disease. Examples: Corebrospinal time and causation), using always the same accepted "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitls"); Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubcroufever (never report "Typhoid Diphtheria (avoid use "Epidemie eere-

> valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nuless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and eousequeuees (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," may be stated nuder the head of (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

N. B.

# -Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 8.	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Combestand (No. W. ) 2FULL HAME Luly Hay	Registration Dist. No.  [if death occurred in a hospital or institution, give Its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Widowso Married Or Or Divorces (Write the word)	18 DATE OF DEATH January 98 , 1914  (Month) (Day (Year)  17A   HEREBY CERTIFY, That I stranged deceased from
Month) (Day (Year)	that I lest sow her silvs on Jony 28, 1914,
7 AGE  32 yrs 4 mos 6 ds OR min.?	snd that dasth occurred on the date stated above, at 6,400 m.  The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Pelus wheelers
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs mos. & ds.
9 BIRTHPLACE (State or country)	Secondary (Ooration) yrs mos ds.
FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAINTER  12 MAINTER  OF MOTHER	(Signed) GANTAU C. M. D. Jones Good C. M. D. Care De La Company Compan
of Mother Cora Garman	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. 8 ds. State CRC Les ds. Where was disease contracted, Ca.
(Informant) Herman & Billmeys	if not at place of death?  Former or  usual residence. 363 V Centre Sh
(Address) 363 of Centre St.  15 Filed 30 1914 191 Franciscopin	19 PLAGE OF BURIAL OR REMOVAL  10 DE / VELE CELL  20 UNDERTAKER  ADDRESS
REGISTRAR  If more blanks are needed, address State Regist	Trans 6 E. Franklin St. Balto Perwaeting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an eated thus: Farmer (retired 6 yrs.) For persons "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, applles to each and every person, irrespective of age. ness of various pursuits can be known. The questlon who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvicc for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



No. 1.

V. S.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.-

### PLACE OF DEATH STATE OF MARYLAND

County llegary	CERTIFICATE OF DEATH
Date (1)	Registration Dist. No.
Colchust	[If death occurred is
Village or City (No,	St.; Ward) a hospital or institution,
Markage	give its NAME Instead of street and number.]
FULL NAME / OW & ) WOOTH	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH / 28 101 4
Temale White (Witte the word)	(Month) (Day (Year)
6 DATE OF BIRTH / /	17 May 10 LAND 1 attended deceased from
Unknown.	1910, to fan 28, 191 4
(Month) (Day (Year)	that I last saw hely slive on Aun 3 , 191 X
7 AGE If LESS than	and that desth occurred on the date stated above, st 3 01 m,
Would Is yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	$\mathcal{L}_{\mathcal{L}}$
(a) Trade, profession, or House work	Defining & Brain
(b) General nature of Industry.	
business, or establishment in which employed (or employer)	(Duration) Tyrs mos ds.
9 BIRTHPLACE	Contributory
(State or country) beland	Secondary
10 NAME OF MG MG	(Ografion) yra mos ds.
1111. 11(ay	(Signed)
OF FATHER	fan 2 , 191 (Address) Inlburg my
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
M 12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
William Doct	If not at place of death?————————————————————————————————————
(Informant)	usual residence
(Address). Chan Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	St. Morchaels Coem. Jan 30,1814
Filed, 191	20 UNDERTAKER AP ADORESS
REGISTRAR	Jacov Cafer Thostourgellon

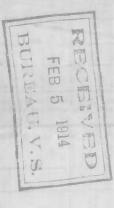
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it-should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); "Croup";) brospiual meningitis"); Diphtheria (avoid use of term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," fever (the only definite synourm is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercufover (never Examples: Cerebrospinal report "Typhoid

> ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaegenital," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For VIO-EM.



MARGIN RESERVED FOR BINDING

8. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD V WRITE PLAINLY, WITH UNFADING INK-THIS IS 2

County Alleans	STATE OF MARYLAND CERTIFICATE OF DEATH		
Sounty -	Registration Dist. No.		
Village or City So Cumbulant (No. 783)	Mayette Ove St.; Ward)  [If death occurred in a hospitat or institution, give its NAME lostead of street and number.]		
* FULL NAME SUCCESSION	, Sorgace		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male White the word	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from		
DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h ally on gen 25:117/14		
If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:		
a) Frade, profession, or particular kind of work	JAKOW		
business, or establishment in which employed (or employer)	(Duration)yrsmosds-		
(State or country)	Contributory (Secondary) (Derratipp) yrs mes. ds.		
10 NAME OF PATHER OF FATHER OF FATHER	(Signed) John 2, M. D. San 23, 1914 (Address) Tymbrilan Mich		
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER 6 121	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.		
Informant, Edmard & Bolyard	Where was disease contracted, if not at place ot death?  Former or usual residence		
Address Cumbuland mel	Rose Hell Jan 24, 1914		
Filed /23/14, 194 lugushi M. Tel RECISTRAR	Connectaker Lein Cily		
If more blanks are needed, address State Redstrain	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. causing peate, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichacvalvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For vio-



should OCCUPATION IS PHYSICIANS ō statement ERMANENT BINDIN Exact classified. P C properly ERVE ed. be Supplie UNFADING may that It 20 MARGIN terms, on back should pisin Information 5 EATH WRITE Jo 9 Every Item CAUSE OF Important.

certificate.

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Instructions

Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. IN death occurred in .....Ward) a hospital or Institution. give its NAME lostead of street and oumber. ] <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, (Month) (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last saw ham alive on (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 mos. BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signad) 11 BIRTHPLACE (Address) OF FATHER Z \*State the Disease Causing Death, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE t place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_\_ (State or country State ..... yrs, \_\_\_\_ Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death?.... Former or (Informant). usual residence DATE OF BURIAL 15 MADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulmaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of \_ (name origin; "Can "Exhaustion," Never repor Examples: For vio-



V. S. No. 1.

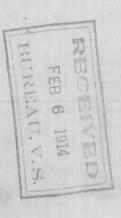
PLACE OF DEATH	STATE OF MARYLAND
allegans	CERTIFICATE OF DEATH
County allegany	Registration Dist. No.
Village or City Luke (No	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead
FULL NAME Stella Blan	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	18 DATE OF DEATH 26-, 1914
Tiende White (Write the word)	) (month) (Day) (1ear)
6 DATE OF BIRTH	I HEREBY GERTIFY, That I attended deceased from
luky y 19	101 Jan 21-, 1914, to Jun 26, 1914.
(Month) (Day) (Ye	ar) that I last saw h alive on
7 AGE If LESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 day, 1 day, 1 ds, OR	I I NE GAUSE OF DEATH'S Was as follows:
8 OCCUPATION A PORTION	Scale two
(a) Trade, profession, or	
parficular kind of work  (b) General nature of indusfry,	
business, or establishment in	(Durafion)yrsmos
which employed (or employer)	Gontributory
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF A MIN A	ds.
FATHER / J. Brailhwait	(Signed) , M. D.
	, 191 (Address) Filmont We
(State or country) /a	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
11 BIRTHPLACE OFFATHER (State or country) /a.  12 MAIDEN NAME OF MOTHER POSA A. Alderton	CAUSES, state (1) Means of Injury; and (2) whether Acciden-
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
7 A. Browthunit	If not at place of death?
(Informant) Z C C C C C C C C C C C C C C C C C C	usual residence
(Address) Lufe Tud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 / 120/20/ /	Jan 1811- 11/1. Jun 7.4, 1914
Filed Mrs. 77 191 H ATT Milliand	20 UNDERTAKER ADDRESS
REGIST	fine / s. / hay were many / 1
If more blanks are needed, address State Regis t	rar. 6 E. Franklin St., Balto, Requesting V 8 No 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, etc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," Farmer or Planter, For persons "Foreman," -("oa! (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 de: mere symptoms or Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis near neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-"Dropsy," (name origin; "Can-State cause for "Exhaustlon," Never report Examples: For VIO-



S. No. 1.

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; 5 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freedle Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED OR OLOVER (Write the word)	16 DATE OF DEATH  Jan 18 h  (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her alive on 200 18 tt , 1914,
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at
amil: 35 yrs mos ds. 1 day,hrs.	The GAUSE OF DEATH* was as follows:
* (a) Trade, protession, or particular kind of work.	Preumonia (Seule)
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 6 ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER John Hawkins	(Signed) ME Jacquer, M. D.  (Signed), 194 (Address) 33 So Seberty aubd nd.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 Section	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piece In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or
(Intermant) Automotive Control (Address) Off	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIICEJAN 21 1914 Francisco	20 UNDERTAKER ADDRESSE
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopucumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report



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PHYSICIANS should of OCCUPATION IS RECORD e carefully supplied. AGE should be stated EXACTLY. so that it may be properly classified. Exact statement PERMANENT UNFADING INK-THIS of information should be carefully sur DEATH in plain terms, so that it mi See instructions on back of certificate. WITH PLAINLY, WRITE CAUSE OF Important. S B

state

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in .Ward)

a hospital or institution,

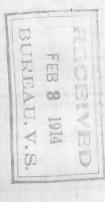
FULL NAME Still 13000	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Surgle WISOWED, ORDIVARCED (Witte the word)	16 DATE OF DEATH 26, 1914 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Jan 26, 1914	that I last saw h
7 AGE (Month) (Day) (Year)	
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
O yrs. O mos. O ds. OR O min. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work.	still born child
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs, mos, ds.
9 BIRTHPLACE (State or country) (State or country)	(Secondary)
10 NAME OF PRIVING	(Signed) P C (Duration) yrs mos. ds.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
M 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER W	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds  Where was disease contracted, If not at place of death?
(Informant) To Powers	Former or usual residence
(Address) Churchland line	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRM 27 1914 191 Facure 1 REGISTRAR	20 UNDEBTAKER ADDRESS
If more blanks are needed, address State Registrar, 6 E	E. Franklin St., Balto., Requesting V. 8 No 1

[Approved by L. S. Census and American Public Health Association.]

It should be used only when necded. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekecpers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinologies

injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:



should is PHYSICIANS should of OCCUPATION RECORD PERMANENT statemen EXACTLY. classified. 4 P INK-THIS properly AGE supplied. pe UNFADING may certificate. that 80 0 WITH on back terms, should PLAINLY ATH in plain instructions Information DEATH Sce ō OF important. Every Its ż

7 AGE

ARENTS

15

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

OF FATHER (State or country)

(b) General nature of industry,

business, or establishment in

which employed (or employer) .....

11

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BEST OF MY

state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Tif death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE . 1914 MARRIEO, WIDOWED. OROIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year)

If LESS tha

1 day .....hr

		//(Montb)	(Day	(Year)
17	I HEREBY	CERTIFY, That	l attended d	eceased from
***************************************		91, to		191
at I last	saw h al	lve on	•	, 191
d that de	sath occurred	on the date state	ed above, at	
E CAUS	OF DEATH*	was as follows:		
	1/-1	Heu	f	g
W.	wa	E Ille	willa	ge.
		*****************	***************************************	********************
	·····	(Duration)	yrs	_mosd
Contrib	utory A	would	Leg	<u>ح</u>
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Consus and American Public Health Association.]

of persons engaged in domestic service for wages, as Servanl, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planler, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foremau,"

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"): Diphtheria (avoid nse of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentessis of lungs, meninges, perilongeum, etc., Carcin-

affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephrilis, oma, Surcoma, etc., of..... (name origin; "Can mia," "Puerperal perilonitis," etc. State cause for childbirth or miscarriage as "Puerperal sepliehac mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway Irain-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." denl; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less defiuite; avoid nsc of "Tumor" for maligtetanus) Always qualify all diseases resulting from Measles "Seuile," may be stated under the head (Recommendations ou statement of (disease causing death), 29 ds.; , etc.), "Dropsy," "Exhaustiou," Never report For vio



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DEATH

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certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la St.: Ward) a hospital or Institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, May 18 DATE OF DEATH 4 COLOR OR RACE WIDOWED, (Day (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day ......hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Ouration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) of FATHER (State or country) , 191. L. (Address) PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. .... State \_\_\_\_\_ yrs, \_\_\_\_ mos, \_\_\_ Where was disease contracted. KNOWLEDGE THE BEST OF MY It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TUAN CONG UNDERTAKER

> If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichactheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (seeoudary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred lo St.;....Ward) a hospital or Institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH 13 MARRIED, WIDOWED (Montb) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH A40 (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 230 1 day,....hrs. The CAUSE OF DEATH \* was as follows: mos.... OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of Industry, business, or establishment in (Duration) yrs. 1 mos.... which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHELACE ARENTS masgricus OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death ..... yrs. .... mos. ... State ..... yrs. \_\_\_ mos. ... Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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icsis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using aiways the same accepted ("Pneumonia," brospinal meningitis"); Diphtheria faver (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid fever unqualified, is indefinite): Tubercu-(never report "Typhoid (avoid use of Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 4 properly INX supplied. pe UNFADING may certificat that of WITH terms, n back piain DEATH in piain See instructions WRITE 9 Every item CAUSE OF Important.

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or Institution, give Its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav ORDIVORCED (Write the word) CERTIFY. That I attended deceased from E OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory C BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLES, CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciding 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs mos ds ... yrs. ..... mos. .... \_ ds. Where was disease contracted. OF KNOWLEDGE It not at place of death? Former or usual residence. OR DATE OF BURIAL

REGISTRAR FOULS AND REQUESTING V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Consus and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," theuia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla iujury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resultlug from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Allegany	CERTIFICATE OF DEATH
500	Registration Dist. No.
Village of City Sarton (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White   5 single, MARRIED, Wildow ORDINORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	1
(Month) (Day (Year)	that I last saw h 1 allve on 10 , 1914
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at 730 P
77 7 · 16 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds OR min. ?	
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Chronie Nephritis
business, or establishment in which employed (or employer)	(Duration) 🥱 yrs. — mos
9 BIRTHPLACE (State or country) Mantinghurg WVa	Contributory Secondary
10 NAME OF George Mac Donald	(Signed) (Duration) yrs mos d
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  ACLOSELY	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN
of MOTHER DAME Schoolites	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accides Tal, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT:
13 BIRTHPLACE OF MOTHER (State or country)  We have the state of the s	OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos d  Where was disease contracted.
(Informant) Her dangther - Sillie	It not at place of death?
(Address) Eumberland Mal.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 18th J. a. Borscher REGISTRAR	20 NO DERTAKER ADDRESS  M. E. Chone Korraconius
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (discase causing death), 29 ds.; "Exhaustion," For vio-



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. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WITH WRITE PLAINLY, CAUSE OF Important. S

1 PLACE OF DEATH 20	STATE OF MARYLAND
911	CERTIFICATE OF DEATH
County Alleany	CERTIFICATE OF BEATH
	Registration Dist. No.
Village or City Universal (No. / )	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME OLIU /3 nl	Clingerman of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Single, MARRIES, WIDOWED,	16 DATE OF DEATH Annay 17, 1914  (Month) (Day (Year)
Male Walle (Write the word)	17   I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	Jan. 17 1914, 10 Jan. 17 1914,
fan. 17, 1914	that I last saw him allow on Jan, 17, 1914
(Month) (Day (Year)	(1.0)
11 gate 1 day on hrs.	and that death occurred on the date stated above, at
yrs O mos O ds. OR O min. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	nacenta pierra
(a) Trade, protession, or particular kind of work	
(b) General nature of Industry,	\$ 12 has a 25
business, or establishment in which employed (or employer)	(Duration) yrs mos mos
9 BIRTHPLACE (State or country)	GontributorySecondary
10 NAME OF A A O A	(Duration) yrs mos ds.
FATHER Guila Ellingeman	(Signed) W. N. Noager, M. D. Jan. 17, 1914 (Address) Colomberland, M.
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MUSTRE BANKS	CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS) 3/9 most intra -
OF MOTHER (State or country) Manyland	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Cumberland, Med,
(Interment) Mylle X. Barres	Former or usual residence Cumberland, Kud.
(Address) Cumberland, Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	allegan, bemeley from 22, 1914
FIRM AN 19 1916 T Manuagha	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Rosstrar, 6 E. Franklin St., Balto., Requesting V. S. No. 3

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. catcd thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be cutered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But iu many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Contributory." The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-"Puerperal peritonitis," etc. State eause for tetanus) Always qualify all diseases resulting from Measles "Seuile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "PUERPERAL septichae-The uature of the "Exhaustion," Never report For vio-



CCUPATION IS AGI pe may piain of Inform DEATH See Instr item F OF Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIES 191.4 WIDOWED. (Month) ( (Day Write the word) I HEREBY CERTIFY. That I attended deceased from (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... t day ..... hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. \_\_ (State or country) Where was disease contracted. if not at place of death?. Former or usual residence. 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa Spinner, is very important, so that the relative healthfulthus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. As examples: "Foreman,"

fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to brospinal lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-(avoid use Carcin-

> mia," "Puerperal peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"



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#### PHYSICIANS shoul RECORD certificate. 0 6 plain Instructions Information = DEATH jo OF Item mportant. Every It m

state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred le a hospital or institution. give Its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH Ms. alive on ..... (Month) (Day (Year) TAGE It LESS than and that death occurred on the date atated above, a 1 day hrs. The CAUSE OF DEATH \*- was as follows: OR .... ? 8 OCCUPATION' (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----State or country) Contributory Secondary . (Doration) 10 NAME OF (Signed) PARENTS 11 BIRTHPLACE ... 191 k.. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted, 14 THE ABOVE IS It not at place of death? usual residence TE OF BURIAL 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Caroin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds., nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



V. S. No. 1.

stated EXACTLY. PHYSICIANS should state if. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD that it may be properly classified. AGE should csrefully supplied. Sea instructions on back of of information should be N. B.—Every Item of CAUSE OF I

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PLACE OF DEATH 23 County Alleganies Williage or City Combelland (No. Mr. 2) 2FULL NAME Freeh H. Co.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hile Single, Marrier Windows, Marrier Windows, On Divorces (Write the word)	16 DATE OF DEATH January 14 ,1914  (Month) (Day (Year)  17 . LHEREBY CERTIFY, That Lattended deceased from
Dec 29 1886 (Month) (Day (Year)	that last saw h in allve on San. 14 , 1914,
3 3 yrs mos 6 ds OR min.?	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Pulmonay tuberculous
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 1 yrs mos. ds.
State or country)	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF Journ Collins	(Signed) W. R. Hodge M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAINTER NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Christian Polly	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs, mos ds
(Interment) Again S' Collins	Where was disease contracted, If not at piace of death? Former or Usual residence
(Address) Compaled R.7-5.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ME HE Sterman

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of EX.



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH

Village or City Freshburg (No. 53)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married Color of Race 6 Single, Married Wilder the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Pay (Year)	TEC , 1913, to Jany 4 , 1914, that I last saw h in slive on Jany 2 , 1913
7 AGE   It LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession; as particular kind of work  (b) General nature of industry,	Bouches
business, or establishment in which employed (or amployer)	(Duration) yrsds.
BIRTHPLACE (State or country) Trustol England	Contributory Smallester Secondary
10 NAME OF FATHER	(Signed) (Doration) yrs mos ds.
11 BIRTHPLACE  OF FATHER  (State or country)  12 Manual  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Q 2	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds Statayrsmosds
(Intermant) The ABOVE IS THE BEST OF MY KNOWLEDGE	Where was disaasa contracted, If not at place ot death? Former or usual rasidenca
(Address) Farethurg Ma	allegary Cemeter DATE OF BURIAL (1914
Filed an 6, 191 + Lova - oury	20 UNDERTAKER ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the misease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for For VIO-Ex-



#### V. S. No. 1.

#### RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. that it may be properly classified. pinous AGE carefully supplied. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important. N. B.

STATE OF	MARY	LAND
CERTIFICAT	E OF	DEATH

CERTIFICATE	Or	DEATH
Registration	Dist.	No. 12

Village or City Lord	(No		
	Comes	Lawrence	Oraston (
²FULL NAME			

1 PLACE OF DEATH

County allegany

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whele Single, Married, Wiowed, Words of the Write the word	18 DATE OF DEATH    decrease 16 , 1914     (Month) (Day (Year)     17   1 HEREBY CERTIFY, That attended deceased from
Movember 1, 191.  (Month) (Day (Year)	
7 AGE If LESS th 1 day,	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Ouration) yrs mos 3 ds.
(State or country) Lord Md  10 NAME OF FATHER James & Croston  11 BIRTHPLACE OF FATHER (State or country) M. Vergenian  12 Maiden Name O  OF MOTHER	(Signed) (Doration) yrs mos ds.  (Signed) (Address) Millaud Millause Market the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Carries & Mur for 13 BIRTHPLACE OF MOTHER (State or country) Committee Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds, State yrs, mos, ds  Where was disease contracted,
(Informant) Janus & Croston  (Address) Lord Md  16  Filed Janey 16, 1914 FM Phaeles	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  Loar Grave Gard Gauge, 1914  20 UNDERTAKER  Saured McKensee Gord, Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question eated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (discase eausing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 26	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Lend ber and (No. Vors)	[if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale White the word	16 DATE OF DEATH  (Mogth) (Day (Year)
Sept 18 1835	17 . I HEREBY CERTIFY, That I ettended decessed from  10", 191 4, to Jan 30", 1914, that I lest sew hazzalive on Jan 30", 1914
7 AGE (Month) (Day (Year)  1 If LESS than 1 day,hrs. 0 ORmin.?	and that desth occurred on the dete stated above, at 3 Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or the Level  (b) General nature of industry.	Vereural apopley
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Chrace o alvelor Secondary Leort disease - Granier O
OF STATHER	(Signed) (buraliop) dyrs mos ds.  (Signed) (Address) (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER GAYAU AND Kund	*State the DISEASE CAUSING DEATH, or, infocatbs from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Color of the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former-or Usual residence
16 JAN 31 1944 A Johnson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  29 UNDERTAKEN ADDRESS
Filed 191 V A SULULIAN REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Deaier," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons ness. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. causing neath, state occupation at beginning of ilibeen changed or given up on account of the msease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples: (6)

Statement of cause of death—Name, first, the msease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Aiways qualify ail diseases resuiting from "Scniie," etc.), "Dropsy," "Exhaustion, may be stated under the head of (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BUREAU, V.S.

S. No. 1.

RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement stated EXACTLY. AGE carefully supplied. certificate. See instructions on back of of information WRITE CAUSE OF Important. N. B.

PLACE OF DEATH	27	0	
County allega	uy	X	1
Village or City Culle	esland	(No.	
Plan Plan		Mhina	all

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead

	FULL NAME Chine Mangae	le Defect
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE  Sangle,  MARRIED,  WIOOWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH (Month) (Duy (Year)
6 D	ATE OF BIRTH  Que 26 ,826	17 I HEREBY CERTIFY, That I attended deceased from fully 14, 1913, to famy 24, 1914,
	(Month) (Day (Year)	that I last saw h & alive on July 16 1913
7 A	SG yrs 4 mos 25 ds. OR min.?	and that death occurred on the date stated above, at 6
(a	CCUPATION ) Trade, profession, or ricular kind of work	Gund deterity renut
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) / yrs mos ds.
9 B	(State or country)	Secondary (Ruration)
	10 NAME OF FATHER SU MOT Known	(Signed) yrs mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Sermony.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	12 MAIDEN NAME OF MOTHER SQUARE STORY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERVE
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds
	(Informant) Adam Sehler	Where was disease contracted, It not at place of death?  Former or usual residence
15	JAN 24 1030 H Si Connection -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Fii	60 REGISTRAR	La contraction of A

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer (a) Spinner, who have no occupation whatever, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, write None. The question "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness." valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cauwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichuccause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as genital." "Collapse," "Coma," "Convulsions," "Debility" ("Con Brouchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustiou," Never report



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE carefully supplied. so that it may be DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH of information should be CAUSE OF Important, 1.0 ż

1	PLACE	OF	DEATI

County all 15 any

Village or City Camalanland

28

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

	2FULL NAME MARCHARLE THE	Name
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	4 COLOR OR RACE SINGLE, MARRIED, MARIED, MODIVED, ORDIVORCED (Write the word)	16 DATE OF DEATH Annuary 4, 1914 (Month) (Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from fannang 1914 to Jan 4111 1914
	(Month) (Day (Year)	that I last saw him allve on Jan. 4th 1914
TA	GE If LESS than 1 day,hrs. 9 mos 24 ds. 08min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
(a	CCUPATION ) Trade, profession, or Stock Dzalzy	Existeles of head to extended to theoat,
bus	) General nature of industry, siness, or establishment in ich employed (or employer)	(Ouration) yrs mos 3 ds
9 8	(State or country)	Gontributory Secondary
S	10 NAME OF FATHER Thamas Donalus	(Signed) W. R. Hodges M. D. Jan 5. 1914 (Address) Comberland Res
ARENT	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	of Mother Sundith Handrockson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
	(Informant)	Where was disease contracted, If not at place of death?  Former or Usual rasidence
15	(Address) Combardand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan 6, 191.4
FII	186 AN 5 191 Howard	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH STATE OF MADVI AND

000	STATE OF MARTEAND
county allegang	CERTIFICATE OF DEATH
10 / A	Registration Dist. No.
6 10	M
Village or City Dumbelland (No. 18	St.; Ward) [if death occurred in a hospital or institution.
	give its NAME instead
FULL NAME Mary Clank	of street and nomber.]
FULL NAME South State of the San	A. C. T
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED, WIDOWED,	(Month) (Day (Year)
male while or	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Ash is
June 21 1844	1911., to fan (6, 191.)
(Month) (Day (Year)	that I last saw harmalive on 1913
7 AGE it LESS than	and that death occurred on the date stated above, at 430 cm
69 / 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION O MOS. OR. Min. ?	apoplus.
(a) Trade, protession, or R	
particular kind of work lewea 15 milewige	
(b) General nature of industry, business, or establishment in	(0
which employed (or employer)	USTAINON
BIRTHPLACE (State or country)	Contributory Caraly sis
heland	(Doration) yrs 8 mos — ds
10 NAME OF DA	(1)1+120 -00
Mallen Trintan	(Signed) M. D.
11 BIRTHPLACE OF FATHER	Jan 16, 191 X (Address) Cure Ind
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Mary Vaugher	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER	OR RECENT REGIDENTS) At place in the
(State or country) frecand	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Jako Dundan	Former or
Cinia manti	osoal residence
(Address) Japan Com Com Japan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Il Michial bent land 6, 191 8
Filed JAN 17 1914 Talaunghr	20 UNDERTAKER COLONIA MODRESS
	f conter me

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FEB 8 1914
BUREAU, V.S.

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SICIANS should occupation is RECORD 90 PERMANENT EXACTLY FADING 0 back Instructions plai = DEATH See ō PO mportant. Every

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... Ilt death occurred in St.:---Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED. (Month) ORDIVERCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or parficular kind of work. (b) General nature of Industry. business, ur establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) ..... OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. State ..... yrs ..... mos ..... Where was disease contracted. It not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Ealto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); "Cronp";) term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal (avoid use

> nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sareoma, etc., of..... (name origin; "Canwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "lnanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (c. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably HENT DEATHS state MEANS OF INJURY and qualify as cause of death approved by Committee on Nomenclais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease cansing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhanstion," Never report For vio-



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1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Resistration Dist. No. Selangs in

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			(

....Ward)

If death occurred in a hospital or institution. give its NAME instead of street and number. I

PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SFY 16 DATE OF DEATH 4 COLOROR RACE 5 SINGLE. MARRIED, Marrie ORDIVORCED (Write the word) conth) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from OF BIRTH . 191. (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or In deaths from VIOLENT CAUSING, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. ... \_ ds. State \_\_\_\_\_yrs, \_\_ Where was disease contracted. if not at place of death? Former or usual residence. 19 RLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) return "Laborer," As examples: For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seulle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association; cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is associated and quest be obtained before the certificat is permanently filed.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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County allegamy	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Emmlerland (No. 2)	Mechanie St.; Ward)  Ance Carman  [If death of a hospital or give its NAM of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale Hhile Single, MARRIED, WIDOWED, Therried Widower, Therried	(Month) (Day  I HEREBY CERTIFY, That I attended decea
Upo 23 , 1851	that I last saw her allys on Jaw 4
TAGE  (Month) (Day (Year)  If LESS that 1 day,hrs  OR min.?	and that death occurred on the date stated above, at
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Perthelace (State or country)	Gentributory Pulmman Order
10 NAME OF Jumas Vance	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJUAY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER Sarah Ludwich  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Ella Myero	of death yrs mos ds. State yrs mos  Where was disease contracted, If not at place of death? Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specfstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914 BUREAU, V.S. carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGCUPATION is very

of Information DEATH in plain

Important. N. B.-Every Ite

No. 1. ò

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[If death occurred in a hospital or institution,

FULL NAME Mrs. Mary 6	Cless Gelbert give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final White Single, Married, Married, Moowed, or Divorced (Write the word)	(Month) (Day (Year)
Month (Day (Year)	HEREBY CERTIFY, That I attended deceased from function 1914 to function 1914  that I last saw here alive on function 14th 1914
7 AGE  1 If LESS than t day,hrs.  ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duraflon) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 Maiden NAME  12 MAIDEN NAME	Contributory Secondary  Secondary  Alexander (Durafion) yrs mos ds.  (Signed)
of Mother Joule M. Barres  13 BIRTHPLACE OF MOTHER (State or country) Allegancy ls. h. 4  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA) At place in the ot death
(Informant) January Glober (Address) Plance W. Var  15 Filed Jan 14, 1914 S. A. Born che	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Accord Hill Ceruely  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. mine, etc. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head Always qualify all diseases resulting from Meastcs (disease causing death), 29 ds.; (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Exhaustion,"



## MARGIN RESERVED FOR BINDING

N. B.

	very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very mportant. See instructions on back of certificate.	
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3	very item of information should be carefully su AUSE OF DEATH in plain terms, so that it min nportant. See instructions on back of certificate.	14 <sub>T</sub>
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STATE OF MADVIAND

PLACE OF PLANT	CERTIFICATE OF DEATH
County Megassey	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Javalle (No.	St.: Ward)   [If death occurred in
1	st.: Ward) a hospital or Institution, give lts NAME Instead
1 June 1	of street and number.]
2FULL NAME	And the state of t
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH DE STAND LA SUN 1944
Male While ORDINARCED ORDINARCED (Write the word)	(Month) (Day (Year)
	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, flow 12 191 4 to 194,
(Month) (Day (Year)	that I last aaw h
(Month) (Day (Year)	9.
1 day,hrs.	and that death occurred on the date stated above, at
yrsds.   ORmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or particular kind of work	2 Mouch Porner Morerale
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country)	Duraston yrs mos ds.
10 NAME OF A GOI HE	
aul Goldo worthy	(Signed), N. D.
OF 11 BIRTHPLACE OF FATHER	flu 12, 191 4 (Address) Ceculie and
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF	TAL, SUICIDAL, or HOMICIDAL.
- United States	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs mos ds. State yrs mos ds Where was disease contracted.
THE ABOVE IS THE PO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) V2- 1. Magg	Former or  usual residence
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[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

PERMANENT

S. No. 1.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[If death occurred in

Loua Corne

	FULL NAME John Willy	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  August 4 , 19.13  GE (Year)  If LESS than	that I last saw h
e (a pa (b) bus	yrs. 5 mos 5 ds. OR min. ?  OCCUPATION  1) Trade, profession, or exticular kind of work	and that death occurred on the date stated above, at 1234 m The CAUSE OF DEATH* was as follows: 9 See The Office death, Seath was due to image!  (Duration) yrs. mos. di
	(State or country) alley. G me	Contributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Allege (S) had	(Signed)
Ω.	13 BIRTHPLACE OF MOTHER (State or country) Alleg to My	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death
	(Informant)  (Address)  (Address)  (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Memorial Centery  Jan 10 , 1914
	July gen in 21 Da. Bracker	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-tests of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For vio-



UNFADING INK-THIS IS

N. B.—Every Item of Information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH

Properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

. V. S. No. 1.

#### 36

PLACE OF DEATH	STATE OF WARTLAND
2//- 12-12	CERTIFICATE OF DEATH,
County YK de gang	Registration Dist, No.
	Forest organization of the state of the stat
Village or City (No.	St., Ward) a hospital or institution,
-11 C 11	give its NAME Instead of street and number.]
FULL NAME W. A. A. W.	from MI- / Dom & amelia
TOLE IVAIIL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR HACE 5 SINGLE, MARRIED	16 DATE OF DEATH /- 2.3 191.4
WIOOWEO, ORDIVORCED (Write the word)	(Month) (Day (Year)
(Write the word)	I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	1/23, 1914, to 1/23, 1914,
January 23, 1914	
(Month) (Day (Year)	
7 AGE If LESS than	The that does not do on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
* OCCUPATION	- Olly Low
(a) Trada, protession, or	Spora Biteda
particular kind of work	
(b) General nature of industry, business, or establishmant in	(0.36)
which amployed (or employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory
(state or country) very local and Med	(Duration)yrsmosds.
10 NAME OF TO POST	011111
FATHER M. L. Hacus Ilho	(Signed) , M. D.
11 BIRTHPLACE	1/24, 1914. (Address) Curiold. Jud
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
11 Latter than	If not at place of death?
(Intermant)	usual rasidence
(Address 2) Woudway City	19 PLACE OF BURNAL OR REMOVAD / DATE OF BURNAL
16	Josephere V. H. 1/2 V 1914
JAN 29 1914 - 700	20 UNDERTAKER ADDRESS
Filed , 191 A REGISTRAR	A LIEAT TO
	distrar, C.E. Franklin St., Balto., Requesting V. S. No. 1.
ar more simple are needed, address State Reg	iotrai, o is. Frankin St., Dano., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the msease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b)

Statement of cause of death—Name, first, the misease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Couvulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as 'Puerperal septichue ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marusthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report Ex-



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very int. See instructions on back of certificate.
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WRITE	of DEATH in plain terms, so that it may not. See instructions on back of certificate.
	5

1 PLACE OF DEATH

#### STATE OF MARYLAND

county allegany	CERTIFICATE OF DEATH
Village or City Frostburg (No.	Registration Dist. No.  St.; Ward)  [If death occurred is a hospital or lostitution, give its NAME instead
FULL NAME martin	Harting of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marrieo,  Male White Single,  MARRIEO,  WIGOWED,  ORDIVORCED (Write the word)	16 DATE OF DEATH 28, 1914 (Month) (Day (Year)
March 10 , 1853 (Month) (Day (Year)	that I last saw h allve on 28 1914
7 AGE   If LESS than 1 day,	and that death occurred on the date stated shove, st 6 p. m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of lodustry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Doration)  (Doration)  yrs  mos  ds
10 NAME OF Philip Harting  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Martha Miller	(Signed) O. R. Maley M. D. A. D. A. A. J., 1914. (Address) From to Levy *State the DISEASE CAUSING DEATH, or, in deaths from Tolens CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted.
(Informant) Philip Harting	If not at place of death?  Former or usual residence
6 Dan 99th 1 ms 7 2 Commy	Alla Lacue Trostly ella fare 31, 1914

If more blanks are peeded, address State Registrate 6 E. Franklin St., Balto Requesting V. S. No. 1.

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

No. 1. 700

PHYSICIANS should state of OCCUPATION IS VETY properly classified. Exact statement stated EXACTLY. AGE carefully supplied. so that it may be DEATH in piain terms, so that it m See Instructions on back of certificate. of information should be CAUSE OF important.

#### 1 PLACE OF DEATH STATE OF MARYLAND allegaen CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St.;....Ward) a hospital or institution, give its NAME instead ot street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, DATE OF DEATH

f	Rueale white words (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
a D	ATE OF BIRTH Lucle 2 , 1844 (Month) (Day (Year)	that I last saw h Palive on Jamy 24, 1914
TA	7 2 yrs. 10 mos ds. 0R min. ?	and that death occurred on the date stated above, at
(a)	OCCUPATION ) Trade, profession, or Pricular kind of work	
bus	) General nature of industry, siness, or establishment in CC 7 ich employed (or employer)	(Duration) yrs. mos. ds.
9 BI	(State or country) Ireland	Secondary (Duration) / yrs mos ds.
ENTS	10 NAME OF FATHER JELY Callahau  11 BIRTHPLACE OF FATHER (State or country) Inland	(Signed) 1914 (Address) Prodebus and *State the Dispass Causing Death on in death from Warn
PARI	12 MAIDEN NAME OF MOTHER aleel Kerus	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
	(Interment)	Where was disease contracted, If not at place of death?  Former or usual residence
16 Fli	ied Jan 47, 1914 Ins J. J. Commy	Muchael Com Jun 28, 1914

If more blanks are needed, andress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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lesis of lungs, meninges, perilonaeum, etc., pneumonia"); time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to term for the same disease. ("Pneumonia," "Croup";) fover (the only definite synouym is Statement of cause of death-Name, first, the DISEASE mcuingitis"); Typhoid fever (never report "Typhoid Lobar unqualified, is indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria Examples: Cerebrospinal "Epidemic cere-(avoid use of

> nant neoplasus); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanitiou," "Marus-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tctanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (secondary), 10 ds. "Dropsy," "PUERPERAL septichae "Exhaustion," Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in a hospital or institution. give its NAME instead of street and number. 1 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, O WIDOWED. (Month) (Write the word) HEREBY, CERTIFY, That I attended deceased from (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at..... 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment lo ... (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT, CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State yrs, mos. ds. (State or country Where was disease contracted. If not at place of death?... Former or usual residence. mportant. DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has But in many "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "PURPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. ample: Mcasles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," \_\_ (name origin: "Can The nature of the "Exhaustion," Never report Examples: For vio-



No. υż

Exact statement EXACTLY. stated classifled. be . AGE should properly classif supplied. pe may should Information 9 CAUSE OF ż

#### 1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very Village or City RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 4 GOLOR OR RACE 5 SINGLE, SEX MARRIED. WIDOWED, KM ORDIVORCED DATE OF BIRTH 4 (Month) (Day (Year) IS 7 AGE If LESS than THIS t day.....hrs. OR ..... min. ? ...mos 8 OCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of Industry, UNFADING business, or establishment in which employed (or employer) carefully sur that it ma f certificate. <sup>9</sup> BIRTHPLACE (State or country) 10 NAME OF FATHER 0 0 WITH DEATH in plain terms, See instructions on back S 11 BIRTHPLACE PARENT OF FATHER (State or country PLAINLY, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) WRITE THE ABOVE IS TRUE See Important. (Address) 15

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

If death occurred in a hospital or institution.

give its NAME Instead of street and number.] enkines

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Solor or race 5 single, married, widowed, will or or olyonged (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  11  HEREBY CERTIFY, That I attended decessed from
Sept 22 1912	Vet 30 (19) to Jan / 1914.
(Month) (Day (Year)	and that desth occurred on the date stated above, at 635 a.m.
yrs 3 mos ds. OR min.?	The Cause of DEATH' was as follows:
	200 altack
stry, it in	(Quration) yrs / 1995. 2 ds.
Maryland	Gontributory Moobing Cough Secondary
John Jenkins	(Signed) \(\text{\tinx}\text{\tinx}\\ \text{\tinte\text{\tin}\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\ti}\text{\text{\texititt{\text{\text{\texi\tinte\tint{\texi}\tint{\text{\texit{\text{\text{\text{\texi}\text{\texit{\text{\texi}\t
ntry Mary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Tottie Clark	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
ntry) Mary land	At place of deathyrs,mosds. Stateyrs,mosds
E TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Harthur Md	Former or usual residence
109100 July 1141	allegary Emeley Jan 3, 1914
1914 DEJ & JULOY REGISTRAR	alof Awler Trottoura
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Never return "Laborer," who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicidc. The nature of the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For VIO-



V. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Bostonsy (No. 10)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  [If death occurred in a hospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
	15 DATE OF DEATH OF THE
Mule White the word	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Office 16, 1880.  (Month) (Day) (Year)	298 26, 1913, to Jan 2, 1914 that I last saw him allve on Jan 2, 1914
7 AGE  3 3 yrs. 8 mos. 7 ds. or. min.?	and that death occurred on the date stated above, at //-//pm, The GAUSE OF DEATH * was as follows:
8 OCCUPATION (e) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 200 yrs. 700 mos. 4 ds.
9 BIRTHPLACE (State or country) England	(Secondary)  Contributory  (Secondary)  Contributory  (Secondary)  Contributory  Contr
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Address) (N. D. )  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER MAN Davis  13 BIRTHPLACE OF MOTHER (State or country)  Orales	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death
(Informant) aus feet of MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Jan 5 ,1944 Months are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  4 PURPLEUTE & Undertaking Co.  ADDRESS  Twittery  1, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
- Landenin	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iligainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," The (a)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Touly"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ampie: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of .... ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malls The contributory (secondary Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Capor intercurrent) State cause for Examples:



V. S. No. 1.

CORD SICIANS should state	Village or City First Sury (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PHYSICIA of OCCU	FULL NAME Would Citle	facility s
Y.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SING INK—THIS IS A PERMANENT supplied. AGE should be stated EXACTLY. may be properly classified. Exact statements.	3 SEX  4 COLOR OR RACE  MARRIED, WIDDWED, OR DIVORCED (Write the word)  5 DATE OF BIRTH  (Month)  (Day (Year)  7 AGE  (Month)  (Day (Year)  16 LESS than f day,hrs.  ORmin.?  8 OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Month) (Day (Year)  (Month) (Day (Year)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from the last saw h. Mailve on
UNFADI arefully su that it m certificate.	9 BIRTHPLACE (State or country) 77 77 77 - 10 NAME OF WALL O	Social (Duration) yrs 3 mos /3 ds
LAINLY, WITH mation should be c in plain terms, so uctions on back of	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER LEBUCCA  13 BIRTHPLACE  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place  In the
WRITE P B.—Every Item of Inform CAUSE OF DEATH Important. See Instr	OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  Filed 2002 2/25, 1914  REGISTRAR	of death
ž		erar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an applies to each and every person, irrespective of agc. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plantor, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Count	PLACE OF DEATH 43	STATE OF MARYLAND CERTIFICATE OF DEATH
Villag	e or City Canada and (No. M.)	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Annay 2, 1914.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 2911, 1913, to 2011, 2, 1914,
	1892	that I last saw had alive on Jan 3 1914
7 AGE	(Month) (Day (Year)    It LESS than   f day,hrs.	and that death occurred on the date stated above, at
(a) Tra particu (b) Gei busines:	JPATION de, profession, or lar kind of work.  deral nature of industry, s, or establishment in	appendicitis & tuberculas (Duration) yrs 2 mos ds.
	mployed (or employer)  HPLACE ate or country)	Contributory Septimenia
S 11	NAME OF FATHER Nathan Invites him	(Signed) (Duration) yrs mos ods.  (Signed) (D. R. Hodges, M. D.  Jan 2, 1947 (Address) Curberlandh
ARENT	OF FATHER (State or country)  MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13	BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted Levels, W. Va. It not at place of death? Former or usual residence. Levels, W. Va.
16 Filed	AN 3 1914 Fabruages  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
	If more blanks are needed, address State Regist	Tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of ago. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, ctc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenela "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for cte., when a definite disease can be ascertained as the genital," "Senile," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or interentient) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head ete.), "Dropsy," "Exhaustion," Never report For vio-



#### PERMANENT UNFADING

SICIANS should properly DEATH FO mportant. CAUSE

3 SEX 7 AGE 0 bac ARENT ATH in plain instructions See

STATE OF MARYLAND 'PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. Fif death occurred in St.; Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVERCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw here allve on Red - 17 Ms , 1815 (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at..... 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General hature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE , 191 (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted, If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcinesis of lungs, peritona

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juauition," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report



#### BINDING FOR RESERVED MARGIN

N. B.—Eve

COCO DEATH 45	CERTIFICATE OF DEATH
County LLC 9	Pedictration Diet No.
	Ceccles St.; Ward)  [If death occurred is a hospital or iostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
B DATE OF BIRTH	HEREBY CERTIFY. That I attended deceased from 191
(Month) (Day (Year)	that I last saw halive on, [9].
TAGE Slile form I LESS that I day,hrs  yrs	and that death occurred on the date stated above, atn
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs mos d
9 BIRTHPLACE (State or country)	Gentributory Secondary
on the state of th	(Signed) (Address) Howalters
(State or country)  W  12 MAIDEN NAME OF MOTHER  2	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Mary C foldsworldy  Toldsworldy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS OR RECENT RESIDENTS)  At place to the bit death
(Informant) Berund Kealing	Where was diseaso contracted, if not at place of death?  Former or usual residence
(Address) T( welling	atholic melety for 22 1914
- 12 22 W/ / / Consien	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scptichaectc, when a definite discase can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned genital," "Senlle," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. B. No. 1.

Village or City Cuntuland No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [It death occurred is a hospitat or institution give its NAME lostes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, MARRIED, MIDOWED, ON THE CONTROL OF THE C	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH	that I last saw how alive on 29, 1914 and that death occurred on the date stated above, at 7 Pm  The CAUSE OF DEATH's was as follows:
BIRTHPLACE (State or country)  OCCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment to which employed (or employer)	Contributory (Secondary)  (Ouration)  yrs. mos./4 ds
10 NAME OF	(Duration) yrs mos ds
X	(Signed) (Duration) yrs mos. ds  (Signed) (Duration) yrs mos. ds  (Signed)

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. tion is very important, so that the relative mealthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-The question "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUREPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BUREAU, V.S.

V. S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT V UNFADING INK-THIS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH  County Allegany Of H  Village or City Midlothiai (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, -MARRIED, Midowed Widowed, Widowed (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (S)  (1916)  (1916)  (1916)
7 AGE (Month) (Day (Year)  7 AGE (If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	(Duration) yrs mos ds.  Contributory Mitral Myssightal
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Sortland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds
(Address). Midlothian Md.  (Address). 191.  REGISTRAR	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Alleghang ferneley Jan 1914  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) · Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Agc," "Shock," "Uraemia," "Weakness," tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report



SICIANS should OCCUPATION IS RECORD PERMANENT cla supplied. 0 back ITH in plair DEATH 50 OF Important. Every

N. B.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in St .: Ward) a hospital or Institution, give ifs NAME Insfead of sfreef and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Married (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) TAGE If LESS fhan and that death occurred on the date stated above, at. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE heondar (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OFFATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in fhe OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos, ..... Where was disease contracted, If not at place of death? Former or usual residence REMOVAL DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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pneumouia"); , brosplnal meningitis"); Icsis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia." "Croup";) term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic core-Typhoid fever (never report "Typhoid Lohar pneumonia; Bronchopneumonia unqualified. is indefinite): Diphtheria (avoid use of Tubercu-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Cauinjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," may be stated under (Recommendations on statement of (discase causing death), 29 ds.; ctc.), "Dropsy," "Exhaustion," Never report



No. 02 Δ.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 15 UNFADING INK-THIS WRITE PLAINLY, WITH

I	PLACE OF DEATH 49 unty allegany lage or City Lonaconing (No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51		16 DATE OF DEATH  Amonth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day (Year)	that I last saw has allve on Jan 2/ 1914,
TAGE  If LESS than 1 day,hrs. ORmin.?		and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)		(Duration) / yrs. mos. ds.  Contributory
ARENTS	10 NAME OF FATHER JOSEPH Relss  11 BIRTHPLACE OF FATHER (State or country) Sermany  12 MAIDEN NAME	(Signed) / Lury In Ardorn, M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
<u>с.</u>	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  War A Manh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or
15 Fly	REGISTRAR	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PS PELENT Paul Cennelin Jan 3., 1914  20 UNDERTAKER  MECANINE  CARRONS  PAR, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mahgoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustlon," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The coutributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report the head For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 5 1914
BUREAU, V.S.

certificate.

ō

on back

See Instructions

Important.

15

Address

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[if death occurred in a hospital or institution. give ifs NAME instead of sfreet and nomber.]

1915

3/

DORES

MEDICAL CERTIFICATE OF DEATH

		(Day	(Year)
170 I HEREBY	CERTIFY, Th	st I attended de	ceased from
Sept 10 19	1/4 to	Jan 31	1914
that I last saw h La ali	ve on	Lu. 10	, 1914
and that death occurred o	n the date sta	ted sbove, at	5a. m
The CAUSE OF DEATH*			* period
		************************************	***************
4	(Buratian)	2	40
Gontributory Secondary	1	«x	
(Signed) a. R	(Doration)  ddress)	rostbu	.mosds.
*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC			77
18 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of deathyrsmos. Where was disease contracted,	In th		
If not at place of death?———— Former or usual residence———————————————————————————————————		4	
19 PLACE OF BURIAL OR	REMOVAL	DATE OF	URIAL

REGISTRA Frostburg Furniture & Undertaking

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. σi

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



S. No. 1.

D. ż

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

51

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vii	lage or City Mars and Mile (No,	St.; Ward) a hospital or Institution,
	FULL NAME MANY TERRE	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	amala Market (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
. D	(Month) (Day (Year)	that I last sow how allve on Samuel Monthly John, 1914.
7 A		and that death occurred on the date stated above, atm,
	72 yrs 10 mos ds. OR mln.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)		Contributory Ashira (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAREN	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS FRUE TO THE BEST OF MY KNOWLEDGE (Informant)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death? Former or usual residence.
16 Fil	(Address) 1914 D. Bennett  REGISTRAR  If were blanks are peopled address State Posts	19 PLACE OF BURIAL OR REMOVAL  Ball Hill County Jan 26, 191
	It more binnes are needed, address State Regis	trar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not puid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But iu many "Foreman," (0)

lesis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar causing death (the primary affection with respect to ("Pnenmonia." time and causation). using always the same accepted "Cronp";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal meningitis"); Typhoid ferer (never report "Typhoid unqualified, is indefinite): Tubereupneumonia; Bronchopneumonia Diphtheria "Epidemic cere-(avoid use of

> valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injnry, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 "Senilc," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-State cause for "Exhaustion,"



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	age or Gity David L. Le	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	CX 4 COLOR OR RACE 5 SINGLE, Suryle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	aug6 1913 to Jan 14 1914
	Jeb 14,1880	that I last saw him alive on Sour 14 " 191 4
7 A	(Month) (Day (Year)  It LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 10:30 Pm. The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION OTrade, profession, or Guel Supt.	Cococi Constitution of the cococi Coc
bus	General nature of Industry, Iness, or establishment In ch employed (or employer)	(Duration) yrs mos ds
9 B	RTHPLACE (State or country) Germany	Secondary (Duration) 3 yrs mos ds
	10 NAME OF Paskeal Levy	(Signed) C. M. Trevastes, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	12 MAIDEN NAME Dabette Reich	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  Germany	of death yrs. mos. / ds. State yrs. mos ds
14 1	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Lessa Gorland Med It not at place of death?
	(Interment) & Lee Luchlituslice	Former or usual residence 319 5 5 6 7 5 7
	(Address) Cumberland Wed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil		20 ON DERFEKER SODRESS
	REGISTRAR  If more blanks are needed address State Design	July July + Cely,

d, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or judnstry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman," (6)

causing death (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, mcningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercumeninges, peritonaeum, etc., Diphtheria "Epidemic cere-(avoid use

> oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless luportant. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerferal peritonitie," etc. State cause for childbirth or misearriage as etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-IENT DEATHS state MEANS OF INJUNY and qualify as is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy." "Exhaustion," "PUERPERAL septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 8 1914
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

V. S. No. 1.

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9

1

1 PLACE OF DEATH 53	STATE OF MARYLAND CERTIFICATE OF DEATH
County Meleyany	CERTIFICATE OF BEATT
Village or City Fruttbury (No. 1419) 2 FULL NAME Benjamen J	Registration Dist. No.  St.: Ward)  St.: Ward)  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)  8 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HERENY CERTIFY, That I attended deceased from 1913, to 1914, that I last saw how slive on 1913
7 AGE If LESS than	and that death occurred on the date stated shove, at 45 m.
yrs. / mos. / 2 ds.   1 day,hrs.   0Rmin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Cherry Crys
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Cuerca Galactic
9 BIRTHPLACE (State or country) Fineling And	(Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)
10 NAME OF Share Leves  11 BIRTHPLACE	(Signed) (Address) The first f
(State or country) to return (12 MAIDEN NAME )	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT, CAUSING, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) It was Server	Former or usual residence
(Address) Frulling My	19 BLACE OF BURIAL OF REMOVAL MON DATE OF BURIAL
Filed and 12, 1914 Del L. Coursey REGISTRAR	Jacob Hoaser, Frostburg January 1914
If more blanks are needed, address State Registrate	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: uant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the "Exhaustion," Never report Examples: For vio-



V. S. No. 1.

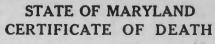
WRITE PLAINLY, WITH UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. AGE that it may See Instructions on back of information should CAUSE OF important. N. B.

RECORD

PERMANENT

1 PLACE OF DEATH allegan



Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Les Loan		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White Single, Widowed, Orbivorced Orbivorced (Write the word)	16 DATE OF DEATH 25 , 1914 (Month) (Day (Year)	
© DATE OF BIRTH  (Month) (Day (Year)	that I last saw h wally on 25, 1914.	
7 AGE  If LESS than t day,hrs.  ORmin.?	and that death occurred on the date stated above, at	
8 OCCUPATION (a) Trade, profession, or particular kind of work	Doute Branchitis	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 4 ds.	
State or country) augland	Contributory Secondary  (Ouration)	
10 NAME OF Stanley Loan  11 BIRTHPLACE	(Signed) Q. K. Nalpu, M. D.	
Z OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Mayland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piace in the of death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not nt place of death?  Former or usual residence	
(Address) Vale Shumh Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914	
Flied, 191	Frostburg Furniture & Undertaking Co.	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Curein-

calvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For viochildbirth or miscarriage as cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "hauition," "Marasgeuital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease eausing death), 29 (Recommendations on statement of (secondary), 10 ds. "Dropsy," "Exhaustion," "PUERPERAL Septichae-Never report



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIODURGEO (Write the word)	(Month) (Day (Year)
Month) (Day (Year	Jan. 1 1914 to Jan 9 1914
7 AGE  If LESS th 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) 7 yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  12 Column	Secondary (Duration) yrs mos ds.  (Signed) The A Lord , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs
(Informant) Wara Collemna (Informant)	If not at place of death?  Former or  usual residence
(Address) Constant Mand	19 PLACE OF BURIAL OR REMOVAL  POSS PLICE COMPLETE STATEMENT ADDRESS  YOUNDERTAKER  YOUNG CONSEQUENCE OF BURIAL  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never: return "Laborer," As examples: But iu many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital." "Senile," etc.), thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nuless important. valvular heart disease; Chronic interstitial nephritis, ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla ".Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vio "Collapse," "Coma." "Couvulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations ou statement of "Dropsy," death), 29 "Exhaustiou,"



state PHYSICIANS should of OCCUPATION IS RECORD PERMANENT CTLY. Exact fied. 4 pe THIS properly INK UNFADING certifica of WITH back hould Instructions pial 占 EATH WRITE ō OF Item Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in .Ward) a hospital or institution, give its NAME inetead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,.....hre. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) mos. which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ,191..... (Addrese) ENT (State or country \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. C 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. (State or country State \_\_\_\_\_ yrs. \_\_\_ . ds. Where was disease contracted. OF MY KNOWLEDGE if not at place of death?.. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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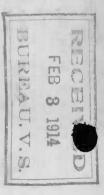
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[Approved by U. S. Censns and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Wone, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers nune, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) As examples: For persous (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-



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PHYSICIAMS should of OCCUMATION IS statement PERMANENT EXACTLY. Exact classified. pe should properly supplied. be may that 80 terms, plain Information EATH IN Q of Item OF Every Ite

#### STATE OF MARYLAND should state PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred to Village or City .....Ward) a hospital or institution. give its NAME instead of street and number. ? <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS OB DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO, WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (0 (Day (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. DEATH# was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) of C-191 C back 11 BIRTHPLACE (Address) ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-LO ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. .... State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Farmer or usual residence mportant. OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR Frestburg Furniture & Under If more blanks are needed, andress State Registrar, 6 E. Franklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not the nature of the business or industry; and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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	RECORD
BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING	INK-THIS IS
RESERV	UNFADING
MARGIN	PLAINLY, WITH
	WRITE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County atlagamy	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mmikes & Bridge (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Saingle, Married Orbiverces (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1913, to  (Author)  (that I last saw have allye on launally 4, 1914
TAGE    If LESS than 1 day,hrs. orhrs. orhrs. orhrs. or	and that death occurred on the date stated above, at 72 m. The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  (Duration) yrs. mos. 4 ds.
BERTHPLACE (State or country) allegan Co Wall	Contributory (Secondary) (Ogration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Address) Things To The Best of My Knowledge  (Address) Things To Buildy  15  Filed	Where was disease contracted, If not at place of death?  Former or Usual residence
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -H:art failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purrerral septichaegenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.

-Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of <u>QCCUPATION</u> is very important. See instructions on back of cartificate. PERMANENT RECORD IS UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH  County Allegan  Village or City Cumberland (No. 14/2)  2FULL NAME Milliand 7	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate Single, Married, Widower, Married, Widower, Orbivorges (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Manth) (Day (Year))  7 AGE   18   11 LESS than 1 day, hrs. OR mos /8 ds. OR min.?	that I last saw hulf alive on Acces 27, 1914 and that death occurred on the date stated above, at 2 m, The GAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country.)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 NAME OF FATHER (State or country)	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)  At place In the ot death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, it not at place of death?  Former or usual residence.
16 Filed AN 28 1914 H Tours	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BURBAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Co	1 PLACE OF DEATH 59 unty alleghany	STATE OF MARYLAND CERTIFICATE OF DEATH
Vili	lage or City midland (No. )	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
-	FULL NAME Bridget Much	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s1	uale White (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day (Year)	Jan. 18th 1914, to Jaw. 24th , 1914 that I last saw her alive on Jaw. 23 nd 1914
TAG		and that death occurred on the date stated above, at 7 a. m The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or clicular kind of work  General nature of industry,	Lobar primonia
bus whi	ness, or establishment in ch employed (or employer)	Gontributory (Ouration) yrsmos. 4 ds
	RTHPLACE (State or country) Oreland	Secondary (Ouration) yrs mos ds
	10 NAME OF Shines	(Signed) m. J. McDerwott, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos, ds. State yrs, mos ds  Where was dispase contracted, If not at place of death?  Former or
15	(Address) midland Maryland.	Usual residence.  Onte of Burial OR REMOVAL  Onte of Burial  One 26
File	d farry 2 f. 191 + F HC hubbothing Fill	20 UNDERTAKER LIDDRESS LITTURE & Undertaking Co.
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, I'or many occupations a single word or term on the who have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"



S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important.

Village OF DEATH  County Olygany  Village OF CITY NAME John Then	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Strate, Single, Wildwed, Single on only once of the word.	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attanded deceased from
DATE OF BIRTH	april 1913 to Jan 26 1914
aug 27, 187.	
7 AGE (Year)	110
40 yrs 4 mos 29 ds. OR min.?	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in Call Mines.	Shovel I have the fell dead (Duration) Ho yes to mos 20 ds.
9 BIRTHPLACE (State or country)	Contributory Mulral regusantation
10 NAME OF John Metz ner	(Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed)
(State or country) Jumany	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Sermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Millon Rece	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) trostbury my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary froman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But iu many "Foreman," (6)

pnenmonia"); causing death (the primary affection with respect to ("Pnenmonia," "Cronp";) term for the same disease. time and causatiou), using always the same accepted brospinal meningitis"); Diphthoria (avoid use of fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., Typhoid forer (never report "Typhoid Lobar unqualified, is indefinite): Tubercupueumonia; Bronchopueumonia Examples: Cerebrospinal "Epidemic cere-

> nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Causuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Brouchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetunus) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," (Recommendations on statement of may be stated under the head of etc.), "Dropsy," "PUERPERAL septichae "Exhaustion," For vio-



should in PHYSICIANS shou RECORD PERMANENT INK UNFADING Iddns certificate. 50 terms, n back should piain instructions 2 of Inform DEATH WRITE OF mportant. Ш Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH allea Registration Dist. No. If death occurred in a hospital or institution, give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from BIRTH mare (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_ \_ ds. Where was disease contracted. If not at place of death? Former or usual residenca. 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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AGE

See instructions on back of certificate.

of information should

CAUSE OF Important. S

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No. 1. 02 RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[If death occurred to a hospital or Institution give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Accuracy (Month) (Month) (Year)
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
TAG	(Month) (Day (Year)	that I last sew hair alive on law \$ , 1914,
	778 1 day, hrs. OR min.?	and that desth occurred on the date stated above, at # 0 ## P. m.  The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or ricular kind of work	Marasuus Marasuus
bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos.20 ds.
9 81	(State or country)	Secondary
	10 NAME OF Blyde O. Willer	(Signed) (Signed) , M. D.
ARENTS	of FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	12 MAIDEN NAME OF MOTHER Come Harolerode	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Clyple Diller	At place of death yrs, mos ds. State yrs, mos ds  Where was disease contracted, If not at place of death? Former or usual residence.
16 File	'JAN 8 191 # Haunghi	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BUREAU V.S.

N. B.

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Village or City Cumbuland (No. 7)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  Jeby 21, 1903  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1913, to
TAGE  If LESS than 1 day,hrs. ORhrs. OR	and that death occurred on the date stated above, at 10 m. The CRUSE OF DEATH* was as follows:  (Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Securif E. Mitchell  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, 64 Mulan Green or usual residence.  19 PLACE OF BURIAL OR REMOVAL PARE 1914  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite saiary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Mcasics (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of OI



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PHYSICIANS should state of OCCUPATION is very

properly classified. AGE should be

See instructions on back of certificate.

RECORD

PERMANENT stated EXACTLY.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

VIIIage or City Grand Cond (No. W. M. 2 FULL NAME Mary Storge	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE,  MARRIED,  WIDOWED,  ORDIVORCED  ORDIVORCED  (Write the Word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Way  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  [Aur. 7  1914, to June 9  1914.
7 AGE (Month) (Day (Ydar)  7 AGE   If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory 4 hamilion Secondary
10 NAME OF FATHER BATTLES  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER STATES	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos. 2 ds. State yrs, mos. ds  Where was disease contracted, françae St. S. Carrock  Former or usual residence.
16 JAN 10 191391 Francisco	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OF 12 191 191 191 191 191 191 191 191 191

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous write None. "Foremau," The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tubercuters of lungs, meninges, peritonacum, etc., Carein-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABING IENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the geuital," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," the head Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Village or City PLACE OF DEATH  County Collegany  Village or City Mayerming(No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOCCUPATION  COLOR OR RACE  SINGLE, MARRIED, MAR	16 DATE OF DEATH  (Month)  (Day  (Year)  17  HEREBY CERTIFY, That I attended deceased from  4 P-34  that I last saw have allow on form  and that death occurred on the late stated above, at 6-18 P m,  The CAUSE OF DEATH* was as follows:  Ciffund Reun & While A work  will the many day or the newfactor.
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary Christophy (Duration) yrs mos. ds.  (Duration) yrs mos. ds.
10 NAME OF FATHER ROPENT MARS FR  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Plannich Prusible  13 RIPHER ROPENT PLANNIC PROBLEM PRO	(Signed) (Signed) (M. D. ) (Address) (M. D. ) (Address) (M. D. ) (Address) (M. D. ) (Address) (M. D. )
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  Filed 72 2 1914 DO Bulesch  REGISTRAR  If more blanks are needed, address State Registrar	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Old Cuntry  20 UNDERTABER  ADORESS  Tranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Surcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheniu," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Timor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report



No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 AGE should be UNFADING INK-THIS IS Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be inportant. See instructions on back of certificate. WRITE PLAINLY, WITH B.—Every Item CAUSE OF

1	PLACE	OF	DEATH	

County alla Banan

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Gamber Land (No. W mphory lal

66

St.;....Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOROR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY. That I attended deceased from
6 DA	TE OF BIRTH	lay 10th 1914 10 Jay 2 fold 1914
	(Month) (Day (Year)	that I last saw h & alive on Jay 264 ,1914
7 AG	It LESS than	and that death occurred on the date stated above, at 4 15P m,
		The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or House Well	
busi	General nature of industry, ness, or establishment in ch employed (or employer)	16 days (Duration) yrs. mos ds.
9 B1	RTHPLACE (State or country)	Contributory meets fings
S	10 NAME OF Charley Whitman. 11 BIRTHPLACE	(Signed) (Signed) (Address) Punishary M. D.
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
P	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place
	OF MOTHER (State or country)	ot death yrs mos. / ds. State yrs mos ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, 55 Millianus St. Cif- it not at place of death?
(	(loformant)	usuai residence
	(Address) Cumbenland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	AN 27 1914 - Therenon-	20 UNDERTAKER ADDRESS
rin	REGISTRAR  If more blanks are needed address State Boute	John C Wolford Read Sans

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. additional live is provided for the latter statement; the nature of the business or judustry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

lesis of lungs, meninges, ("Pneumonia." pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to brospinal meningi(is"); Diphtheria (avoid use of time and causation), using always the same accepted "Croup";) fever (the only definite syuouym is Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercufever (never peritonacum, etc., report "Typhoid "Epidemic cere-

> ample: Measles (disease causing death), 29 ds.; valendar heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia." "Anaemla" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (unne origiu; "Canwhich surgical operation was undertaken. For vio childbirth or miscarriage as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



PERMANENT RECORD BINDING FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

V. S. No. 1.

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Col	PLACE OF DEATH 67	STATE OF MAR CERTIFICATE OF Registration Dist	F DEATH
Vill	age or City unlesland (No. 1. M. 2. FULL NAME Ben Junian	Aucol St; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
m	ale White Single, widowed, Single or word)	16 DATE OF DEATH OM (Month)	31 ,1914 (Day (Year)
6 DA	Teb. 19, 1/87)	17 I HENEBY CERTIFY, That I 30, 1914, to fine that I last saw have alive on fine	attended deseased from
7 A C		and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at 12/30 Pm
(a) par (b) busi which	Trade, profession, or Hoegman  Beneral nature of industry, ness, or establishment in the employed (or employer)	·	yweleyal Tyrs. mos & ds.
9 B1	RTHPLACE (State or country) Maryland	Contributory 2002 Secondary (Duration)	yrsds.
ENTS	11 BIRTHPLACE OF FATHER (State or eountry) Seatland	(Signed) 1914 (Address) Compa	sem me
PARE	12 MAIDEN NAME OF MOTHER Susie Platter	*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS.	
14 -	13 BIRTHPLACE OF MOTHER (State or country) Maryland' HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the	yrs ds
	interment Margale Cuttherland	If not at place of death?	u.
15 1	(Address Linationing ollid	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File	191 J. Manning M. D. REGISTRAR	aundertaker (	ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Reancesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Ceal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 68	STATE OF MARYLAND
County Allegany,	CERTIFICATE OF DEATH
	Registered No.
Village or City (No.	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME JULIU	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Nonth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Laury Noth 1914 10 Laury Ford, 191
(Month) (Day) (Year)	that I last saw h lese alive on July 1914, 1914
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at
yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, et particular kind et work (a) Trade, profession, et la	Contract of the season of the
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Duration yrs. mas dis
10 NAME OF John Mietter	(Signor) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother May Niley	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death frs. mos. ds. State yrs. mos. ds.
(Informant) The Less of MY KNOWLEDGE	Where was disease contracted, if not all place of death?  Former or usual residence
(Address) / duks	19 BLACE OF BORIAL OR REMOVAL DATE OF SURIAL
Filed Fix 1, 191 4 AMULANIA REGISTRAR	20 UNDERTAKER ADDR SE
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. causing pears, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necit should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative heaithfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichae-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably mia," "PUERPEBAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conwhich surgical operation was undertaken. genital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Measles (disease causing (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1914
BUREAU, V.S.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state T DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

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WRITE

N. B.—Every Item CAUSE OF Important.

PLACE OF DEATH 69 County Allegany Williams-City Cambelland (No. C. &	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 single, Married or Divorced (Write the word)	16 DATE OF DEATH  Suffyers Januar   37, 19114  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year)	that I last saw h allve on
if LESS fhan f day, hrs.  # J yrs. mos. ds. or min.?  **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at
which employed (or employer)  **BIRTHPLACE* (State or country)  **W. 2a	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) 1914 (Address) Concert, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	At place Do not / Leav in the Do not keeper of death yrs ds. State yrs, mos ds  Where was disease contracted,
(Informent)  (Address)  (Address)	If not of place of deoth?  Former or  usual residence / 003/2 Leftington ONE  19 place of Burial or Removal Date of Burial  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914
BURLLYTY.S.

S. No. 1.

County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 12
	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Service (Write the word)	16 DATE OF DEATH    Automatical Street, 1914   (Month)   Day (Year)   17     HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  LUNU 8  (Month) (Day (Year)	that I last ssw hslive on
7 AGE  If LESS the 1 day, hr  OR min. 1	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	25 Minies
business, or establishment in which employed (or employer)	Contributory (Duration) yrs mos, d
(State or country) Scotland	Secondary (Doration)yrs
10 NAME OF Alexander Mc Vicilian	(Signed) FACharles, M. 1
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES; state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of MOTHER and Dempster	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Seotland	At place in the ot death yrs. mos. ds. Stato yrs, mos. d
(Informant) Adam Patterson	if not at place of doath?
(Address)	Frastburg md Jan 20, 191
Filed Jany 18, 1914 F. H. Charles	Quantaker Eichorn Long come 2

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) statement. Never return "Laborer," "Foreman," "Managor," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of ..... (name origin; "Caninjury, as fracture of skull, and consequences (e. scpsis, tetonus) may be stated under the head mia," "PUERPERAL peritonitis," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehocetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for "Exhaustion," Never report



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Megany	Registration Dist, No. 9
Village or City Front On an art	St.; Ward)  [If death occurred a hospital or institute give its KAME institute of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERGED Write the word)	16 DATE OF DEATH July 25, 19, (Month) (Day (Year 17 a   HEREBY CERTIFY, That   attended deceased f
Month) (Day (Year)	that I last saw her allve on Larry 25, 191
7 AGE   If LESS than 1 day,hrs.   OR	The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work	
business, or establishment in which employed (or employer)	Contributory Dwuldense Secondary
10 NAME OF Mr Walter Poull	(Signed) (Quration) yrs mos
11 BIRTHPLACE OF FATHER (State or country) of honey Chio  12 Maiden NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from Viol CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER This Hausale Boyd  13 BIRTHPLACE OF MOTHER (State or country) A Cost by ra and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OF RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) As Curs Walter Powell	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 265 welch hill frostly	19 BLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Luchin Cim Jan 25, 18  20 UNDERTAKER  ADDRESS
. 1 - 7	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," 69

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report SX



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WR	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	USE Jortan
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PLACE OF DEATH 79	STATE OF MARYLAND
B10.	CERTIFICATE OF DEATH
County allegan	Registration Dist. No. / O
Village or City Red Javage (No,	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
* FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVERCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
(Month) (Day) (Year)	that I last saw h alive on ,191
7 AGE if LESS than	and that death occurred on the date stated above, atm,
yrsmosds.   1 day,hrs.   ormin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	But when and this and
particular kind of work	Such a brush com
(b) General nature of industry, business, or establishment in which employed (or employer)	ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Ourgion) yrs mos ds.
10 NAME OF FATHER Purbungle	(Signed) F. alan G. Kumay, M. D.
OF FATHER	Jan 24, 1914 (Address) We Langelad
(State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   lo the   ot death yrs, mos ds.   State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) How Portangt	it not at place of death?————————————————————————————————————
(Address) Ind Jarrageland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 23, 1914
Filed fan 24, 1914 Fa. S. human land	20 UNDERTAKER FACE ADDRESS
2000 REGISTRAR	19 furbangle heddangoles
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc... Carcinosis

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds.: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never repor affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally mere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can Examples: For VIO-



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PHYSICIANS should of OCCUPATION IS

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See Instructions on back

DEATH in plain terms.

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WRITE PLAINLY, WITH

1 PLACE OF DEATH allea

OF FATHER (State or country)

E TO THE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)....

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

DATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

ADDRESS

MEDICAL CERTIFICATE OF DEATH

MARRIED, Suculo	1914
ORDIVORCED (Write the word)	(Month) (Day (Year)
1 (Write the word)	17 I HEREBY CERTIFY, That I attended descared from
2-0	Aest 20 1913 to John 3-1 1914
Mun 1838	
th) (Day (Year)	that I last saw hen alive on Jour 3 ,1914
If LESS than	and that death occurred on the date stated above, at 3 a m
1 day,hrs.	
mosds. <u>OR</u> min.?	The CAUSE OF DEATH* was an follown:
//	
ra, e	Phone rastrelis
Secretary Control of C	
	ds. (Ouration) 3 yrs. mos. ds.
4	Contributory
11.	Secondary
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	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	[ CAUSES, STATE (I) MEANS OF INJURY: and (2) whether According
- 10	TAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	At place in the
11	of death yrs mos ds. State yrs mos ds
SEST OF MY KNOWLEDGE	Where was disease contracted,
6 Lank.	If not at place of death?
	Former or usual residence
mul-a.	4.0
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	18 Potent Bornel Change with

PERSONAL AND STATISTICAL PARTICULARS 3 BEX 4 COLOR OR RACE 5 SINGLE, DATE OF BIRTH (Mor TAGE 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE

CAUSE OF Important. 15 0 ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the Civil engineer, Stationary fireman, etc. But in many causing death, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914

PERMANENT

1 PLACE OF DEATH County The L OCCUPATION .Ward) PERSONAL AND STATISTICAL PARTICULARS DATE OF DEATH 3 SEX S SINGLE, MARRIED, WIDOWED, 4 COLOR OR RACE ORDIVORCED (Write the word) DATE OF BIRTH ... 191 4. to (Month) (Day and that desth occurred on the date stated above, at 11 30 TAGE If LESS than 1 day, hrs. OR ..... ? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which amployed (or amployer) Contributory. BIRTHPLACE (State or country 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAM instructions OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE ٦ At place OF MOTHER (State or country) DEATH Where was disease contracted. OF MY KNOWLEDGE it not at place of death? OF usual residence Important. Every it 19 LACE OF BURIAL OF REMOVAL 15 20 UNDERTAKER REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lif death occurred in

a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

(Month) (Day

I HEREBY CERTIFY, That I attended deceased from

Jan. 21 , 191 4 (Address) Cumberland \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

In the

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklip St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman. etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yes.) For persons But in many "Foreman," (3)

pmeumonia"); causing death (the primary affection with respect to time and causation), using always the same accepted ("Pnenmonia," "Croup";) brospinal menlugitis"); Diphtheria Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinal (the only definite synonym is Typhoid fever (never report "Typhoid Lobar unqualified, is indefinite): Tubercumeninges, peritonaeum, etc., pneumonia; Bronchopneumonia "Epidemic cere-(avoid

> merc symptoms or terminal conditions, such as "Asaffection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scptichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease cansing death), 29 "Dropsy," "Exhaustion," Never report



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS pinous AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate, PLAINLY, WITH of information CAUSE OF Important. S o ż

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

2FULL NAME Infant Ron	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, Wilder the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  Pary 72 , 18/4  (Month) (Day (Year)	that I last saw him alive on January 22 , 1914.
7 AGE If LESS than 1 day, ∫hrs.  yrs	and that death occurred on the date stated above, at 12 am, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work.	Grenden
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Police Rank gr	(Signed) forescie, M. D. fung 22 1914 (Address) fundence 2416
(State or country)  12 MAIDEN NAME  12 MAIDEN NAME	2 tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds
(Intermant) John Rank Jo	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 6 ml a	18 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  Ocenia Luthin All 22, 1914
Filed AN 22 19 191 REGISTRAR  If more blanks are needed, address State Registral	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia." unqualified. is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla sepsis, tctanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for mulig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations ou statement of (disease causing death), 29 ds.: "Exhaustion," Never report



OCCUPATION PHYSICIANS RECORD ō PERMANENT classi D Ī properly AGI supplied. pe O may certificate. that back terms. plain Instructions of information DEATH in plai OF Every item CAUSE OF Important. 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Village or City. St: Ward) a hospital or institution. give its NAME instead of street and number. 1 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. t day. 2 brs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME ₹ OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs. ..... mos. ..... ds. State ..... yrs. .... mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or (Informant) usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of ilibeen changed or given up on account of the nistast Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it in and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

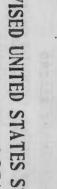
ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purappeal scotichaectc., when a definite discase can be ascertained as the "fi art failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples:



V. S. No. 1.

MANENT EXACTLY.	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD  N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state  GAUSE OF DEATHER OF DEATHER STATEMENT OF CONTROL OF C	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

	PLACE OF DEATH 77.	STATE OF MARYLAND CERTIFICATE OF DEATH
County.		Registration Dist. No.
Village (	or City Edward. (No	St.; Ward)  [If death occurred la a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX	4 COLOR OR RACE   5 SINGLE, Surgla   MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Jacey - 27, 1912 (Month) (Day (Year)
DATE O	(Month) (Day (Year)	that I last saw her silve on January 26, 191
<sup>7</sup> AGE	16 LESS than 1 day,hrs. OR min.?	and that desth occurred on the date stated above, at Officer The CAUSE OF DEATH* was as follows:
particular (b) General business, which emp	profession, or kind of work.  al nature of industry, or establishment in loyed (or employer)  PLACE e or country)	Gontributory Lazal Caucardiago
の 11 B エ ロ 12 M	CAME OF THURY Rephant  CIRTHPLACE OF FATHER (State or country)  OF MOTHER  OF MOTHER  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A	(Signed)
13 B	IRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs mos (s. State yrs )
(inform:	ant) Echhait Mil	Where was disease contracted, if not at piace of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  CRAMANA 1948
		20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

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pneumonia"); CAUSING DEATH (the primary affection with respect to lesis of lungs, time and causatiou), using always the same accepted ("Pneumonia." "Croup";) term for the same disease. forer (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"): Typhoid fever (never report "Typhold Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is Indefinite): Tubercu-Diphtheria (avoid use Examples: Cerebrospinal "Epidemic cere-

> affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic geuital," valeular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origiu; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma." "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. ample: ture of the Americau Medical Association.) injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as "Contributory." (Recommendations ou statement of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "PUERPERAL septichac-"Exhaustion," Never report



statement MANENT EXACTLY. Exact classified. properly ы AGI Z be UNFADING suppl may certificate. that It 80 90 pe terms. back should plain Instructions Information = EATH See of DE OF Item Important. Every Ite

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PHYSICIANS shou

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No (if death occurred to a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR BACE MARRIED, 7 ORDIVORCED (Write the word) I HEREBY CERTIF 6 DATE OF BIRTH (Day) (Month) 7 AGE It LESS than and that death occurred on the date stated above. 1 day ..... hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) Beneral nature of industry. business, or establishment in which employed (or employer) ....... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs.\_ (State or country Where was disease contracted. It not at place of death? Former or usoal residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS Furniture & Undertaking REGISTRARIU If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative heaithfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) salary), may be entered as As examples For persons

Statement of cause of death—Name, first, the dibeable causing divaries (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asetc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Meastes; Whooping cough; Chronio oma. Sarcoma. etc., of ... sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for For VIO-



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state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. 0 properly INK supplied. pe UNFADING certifica 0 WITH back pinous plain Instructions Information 5 I DEAT Jo Item OF Important. ш

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred is Village or City a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above. 1 day,....hrs. mos.....ds. OR ..... min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which amployed (or employer) ...... 9 BIRTHPLACE (State or country) (Doration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BURMAU.V.S.

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RECORD

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. B.—Every Item of CAUSE OF I

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME Martha Eliza	leth Shriver
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFIC

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single,  Wilder or Brace Single,  MARRIED,  WIDOWED,  ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH Sec. 29 1913	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191,
(Month) (Day (Year)	that I last saw have alive on, 191
7 AGE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7-3°9 m. The CAUSE OF DEATH* was as follows: Sid not see A mutic afterduath
OCCUPATION (a) Trade, profession, or particular kind of work.	From oppearing of runs has
(b) General nature of industry, business, or establishment in which employed (or employer)	Jen Merch Emaliated (Duration) yrs mos os.
State or country) alleg. Co has	Secondary (Bureller)
FATHER Ornun Shrine	(Signed) (Suration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER Bessie Duryden	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSCENSE
13 BIRTHPLACE OF MOTHER (State or country) Alley. & h. 1	At place In the ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Busten Ind	USUAI residence
16	Morrisons Cerembery Jan 10 1914
Filed Jan 10 , 1914 Le Brache	D. D. Bral Bartin had

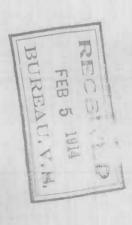
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from terminal conditions, such as "As-"Dropsy," "Exhaustion," For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH . PHYSICIANS should of OCCUPATION IS Registration Dist. No.fif death occurred in Village or City Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Day (Month) (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS, than and that death occurred on the date stated above. f day hrs. DEATH\* was as follows: .....mos,..... OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in may which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 80 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death .... State \_\_\_\_\_ yrs. .... yrs. ..... mos. ..... Where was disease contracted. If not at place of death? ā Former or PO Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 7 arm 15 20 UNDERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very that it may be DEATH in plain terms, so that it m See instructions on back of certificate. WRITE CAUSE OF important.

PLACE OF DEATH

82

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

FULL NAME OF COMMANDE	anafite Sal Dana
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OROSYORGED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw here alive on the control of the co
7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as lollows:
**OCCUPATION  (a) Trade, profession, or particular kind of work	Lympho-tanoura  Jon negli  (Duration) Jyrs. 9 mos. 3 ds.
9 BIRTHPLACE (State or country)	Secondary  (Ourgon) O yrs mos ds
10 NAME OF FATHER Was Variable  VI 11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
(Address) Canalandand  (Address) Landandand  15 Filed JAN 2 19914 # Mountain	Former or USUAL TESIDENCE  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrat, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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which surgical operation was undertaken. childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerpenal peritonitis," etc. State cause for tctanus) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," "PUERPERAL septiehae-Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BULLDAU.V.S.

V. S. No.

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Dampe Level (No Dies or	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist No.  Ward)  Ward)  Registration Dist No.  Ward)  Ward A post in the stand of street and number.]
2FULL NAME	Color de Marie de Color de Col
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR MACE SINGLE, MARRIED, May 71 1 1 WOOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on, 191,
7 AGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1140 cm.  The CAUSE OF DEATH* was as thows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Coloration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary  A (Duration) yrs. mos. ds.
10 NAME OF FATHER OM EVVAL	(Signed Alm. A Shaw Caroull, M. D. Jon 8, 1914 (Address) Cernstelland
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  10 MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
(Informant)  (Address)  (State or country)  (Address)  (Address)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence of Burial OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL 191.
Flied JAN 8 191 All Registrar	29 UNDERTAKER Sellines ADDRESS Telly



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated nuless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronehopneumonia (secondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated nuder the head "Dropsy," The nature of the "Exhaustion," Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS AGE N. B.—Every Item CAUSE OF Important. 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vill	2FULL NAME LONG Songer	St.; Ward)	[it death occurred in a hospital or institution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE 7/10	ATE OF BIRTH  4 COLOR OR RACE  MARRIED, MARRIED, WIDOWED MARRIED  Widowed Married  Write the word)  1864	(Month)  I HEREBY CERTIFY, That I at	
TAC	(Month) (Day (Year)	that I last saw h alive on the date stated at	630
	49 yrs 6 mos 6 ds OR min.?	The CAUSE OF DEATH* was as follows:	iove, at
(a) par (b) busi	CCUPATION  Trade, protession, or  Ticular kind of work  General nature of industry, iness, or establishment in Iroceries vary foods  ch employed (or employer)		And Ea
9 81	RTHPLACE (State or country) College	Contributory Secondary (Burstian)	VPC Man de
ENTS	11 BIRTHPLACE OF FATHER (State or country) Acollows	(Signed) Jacobs O Bue	
PARI	13 BIRTHPLACE OF MOTHER Marion Fresufsin  13 BIRTHPLACE OF MOTHER (State or country) Scotland	*State the DISEASE CAUSING DEATH, or, it CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place in the ot death yrs	
	Informant And From Comercial	Where was disease contracted, it not at place of death?  Former or usual residence.	
15 File	Jan 13 1914 JoBulock REGISTRAR	Oak & fell Cesnetery of	DATE OF BURIAL  Day S, 1914  ADDRESS  PRABLEMENT
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. N	

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: been changed or given up on account of the DISEASE Norvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig-Aceidental drowning; Struck by railway train-aecichildbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatie), "Atrophy," ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU, V.S.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. 4 should be UNFADING INK-THIS IS AGE carefully supplied. of information should be carefully su DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH WRITE

properly classified.

CAUSE OF important.

N. B

16

S. No. 1.

1 PLACE OF DEATH

County all + 200 1/1

#### STATE OF MARYLAND CERTIFICATE OF DEATH

					n
Res	Eistratio	on D	ist.	No -	2

Vil	lage or City flanstone (No. 2)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
351	4 COLOR OR RACE SINGLE, MARRIED, WIODWED, ORDIVORCED (Write the word)		, 1914 (Year)
6 D	(Month) (Day (Year)	17   HEREBY ČERTIFY, That I atte	, 191,
TA	GE If LESS than t day,hrs.	and that death occurred on the date stated about The CAUSE OF DEATH* was as follows:	/e, at <u>\$</u>
(a pa (b) bus whi	CCUPATION ) Trade, profession, or rificular kind of work	Contributory Secondary  (Duration)  (Duration)	sds.
PARENTS	10 NAME OF FATHER don't Knaw.	(Signed Warn A - Lhase Caro San 23, 191 4 (Address) County	Pall , M. D.
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in & CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST.	
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place In the	/rs, ds
	(Informant) Amus 450 Millions  (Address) APD H	Former or usual residence	TE OF BURIAL

REGISTRAR If more blanks are needed, address State Registrat,

Jan 24, 1914 DBewett

20 UNDERTAKER

ADDRESS

6 E. Franklin St., Baylo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Groecry; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statemeut. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engincer, Stationary freman, etc. Physician, Compositor, Architect, Locomotics engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But iu many "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measies; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can childbirth or miscarriage as "Puerperal septichae mms," "Old Age," "Shock," "Uraemla." "Weakness," thenla," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition." "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Mcastes (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

r. B. No. 1.

1 PLACE OF DEATH 86 County Cleyum	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Frather (No.2),	Registration Dist. No.  St.; Ward)  St.; Ward)  Fit death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the Word),  8 DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, 191, to 191, 191, 191, 191, 191, 191, 191, 191
7 AGE (Month) (Day) (Year) 7 AGE II LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE ~	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the order of death yrs mos ds. Where was disease contracted, it not at place of death?
(Informant)  (Address)  Filed August 1914  Filed Registrar  If more blanks are needed, address State Registrar	Former or usual residenca  19 paace of Burial or Demoval DATE of BURIAL  Wegany emility an 2 1911  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. heen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may he stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage, as "PUTEPTERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mara" genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Surcoma. etc., of. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. uant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of or Homicidal, or as probably "Dropsy," ... (name origin; "Can-"Exhaustion," Never report Examples:



#### RECORD Exact statement PERMANENT U pe UNFADING liddns may that 80 terms. plain = DEATH WRITE 50

state Very PHYSICIANS should of OCCUPATION IS certificate. 0 back 6 Instructions See OF Every Item CAUSE OF Important.

12 MAIDEN NAME

13 BIRTHPLACE

(Address).

15

OF MOTHER

OF MOTHER (State or country)

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH COLOR OR RACE MARRIED, married aw. WIDOWED, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date atsted above, at 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory State or country) Secondary 10 NAME OF FATHER S 11 BIRTHPLAGE (Address) ARENT OF FATHER (State or country)

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place in the of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ Where was disease contracted. if not at place of death?

OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Former or

usuai residence

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BURISAU. V. S.

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#### should ion is PATION PERMANENT certifica õ

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No a hospital or institution give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED (Month) (Day Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a t day ......hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ----BIRTHPLACE (State or country) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country) At place of death \_ ds. State \_\_\_\_\_ yrs. \_\_\_ ...... yrs. ..... mos. .. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

. mere symptoms or terminal conditions, such as "As Econtributory." nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Cau-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehueetc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of sknll, and consequences (c. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated nnder the head "Dropsy," "Exhaustion," Never report



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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

	1 PLACE OF DEATH	STATE OF MARY	LAND			
- ON		CERTIFICATE OF DEATH				
Co	unty Hugany	V	9,			
	0001.	Registered	No.			
٧	illage or City Milliage (No.	St;Ward)	[if death occurred in a hespital or institution,			
			give Its NAME instead of street and number.]			
2 FULL NAME John transis friegg						
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH				
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	30 1914			
1 1/2/ WIDDWED. Derryce		(Month)	(Day) (Year)			
	male While (Write the word)	17 I HEREBY CERTIFY, That I att	ended deceased from			
6 D	ATE OF BIRTH	Jan 25 1914, to fo	1914.			
1	(Month) (Day) (Year)	that I last saw Nat allve on Jan	27 ,1914			
7 AC		and that death occurred on the date stated abo	ve. at 10.89 a.m.			
-3	t day,hrs.	The CAUSE OF DEATH * was as follows:				
	yrsds.   OR min. ??	Cyanosis	5 4			
8 OCCUPATION (a) Trade, prefession, or		. /				
	ticular kind of work	,	700 70 70 70 70 70 70 70 70 70 70 70 70			
	General nature of industry, ness, or establishment in	(Duration)	/rsds.			
	ch employed (or employer)		1 3 43.			
State or country) 100		(Secondary)	************			
(6)	Allegany Co Med	(Boration)	yrsds.			
	10 NAME OF FATHER OF A A	(Signed) A P Diving	M. D.			
	harles M. hergg	and a	1-4.			
ITS	(State or country)	1914 (Address) Heil				
ARENT		*State the DISEASE CAUSING DEATH, or, in Causes, state (1) Means of Injury; and (2 tal, Suicidal, or Homicidal.	whether Acciden-			
AR	of Mother P					
Δ.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place	IIIOIIONS, IRANSIENTS,			
	OF MOTHER (State or country) Aflegans Com In a	The prince	yrs ds.			
14 THE ABOVE IS TRUE TO THE BEST OF M. KNOWLEDGE  (Informant)		Where was disease contracted,				
		If not at place of death?				
		usual residence				
(Address) Gilfille		19 PLACE OF BURIAL OR REMOVAL D.	ATE OF BURIAL			
15		Jurigg Burrying yard Jaw 3/, 1914				
FI	10 /au 30,1914 Dewitt	20 UNDERTAKER ADDRESS				
	REGISTRAR	J. C. Wolford C	umberland			
If more blanks are needed, address State Registrar, & E. Franklin St., Balto, Requesting V. S. No. 1.						

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples For persons "Foreman,"

10318 ("Pncumonla," unqualified, is indefinite); Tubercupneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. for the same disease. Typhoid fever (never report "Typhoid Examples: Cerebrospinal Carcin-

> childbirth or miscarriage, as "Purreral septichae such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ampie: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., oI ..... cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 43.

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BURBAULV.S.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City. Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, cl (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Year) (Month) (Day If LESS than and that death occurred on the date stated above 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? mos ... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place 2 OF MOTHER (State or country Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIAL BLACE OF BURIAL 26 UNDERTAKER REGISTRAR

If more blanks are needed, address State Register, 6 E. Franklin St., Balto., Dequesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (6)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in a hospital or institution, give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the Word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h.....allva on.... (Month) (Day TAGE If LESS than and that death occurred on the data stated above, at 1 day .....hrs. OR ..... 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country)

At place of death yrs. Onlos. ds. Where was disease contracted.	In the State	yrs,	mos.,	ds
if not at place of death?				

Former or usual residence

DATE OF BURIAL

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis scpsis, tctanus) injury, as fracture of skuli, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"



No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE that it may be DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH B.—Every item of information should be CAUSE OF DEATH in plain terms. Important. ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
DATE OF BIRTH  (Month) (Day (Year)	that I last saw have alive on factor 21 1914
72 yrs 7 mos 19 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duratioo)
10 NAME OF FATHER Sacreed Melch	Gontributory Proglet's Disease Secondary  (Boration) yrs 6 mos ds.  (Signed) That Now, M. n.
11 BIRTHPLACE OF FATHER (State or country) Hew York	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  At place In the of death
(Informant) Treese Crosscoll	Where was disease contracted, If not at place of death?  Former or usual Tesidence
SAN 23 1914 Filed 1914	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
/ REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

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oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably TENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Convulsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 "Seuile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," "PUERPERAL septichac-Never report Ex.



SICIANS should OCCUPATION IS PERMANENT 90 back Instructions 1 = EATH 90 2 10 Important. Every 100

#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in ......Ward) a hospital or Institution, give its NAME instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1914, to 7-CA (Month) (Day (Year) TAGE If LESS fhan and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 6 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employor) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) Cuma ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. Sfate \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrat 6 E. Franklin St., Bulto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heurt disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae etc., whou a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy." Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For vio-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease canslng death), 29 ds.; or as probably Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 3 1914
BUILDAU, V.S.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH N. B.—Every item o CAUSE OF I Important, So No. 1.

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12

PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Allegany	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cumbuland (No. Car	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from  May  1914 to May  1915
Self 7, 184.	that I last saw h alive on fund of ,191 4
7 AGE    If LESS than 1 day,hrs. ormin.?	and that dash occurred on the date stated above, at 5.239 m. The CAUSE OF DEATH* was as follows:  Level demonstrations of the date stated above, at 5.239 m.
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  Pertherace (State or country)  March	Contributory Alicensia Contributory Contribu
10 NAME OF FATHER Barnard Wiggers  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	(Signed) July (Address) Carabal M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Aukacour	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds
(Informant)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  ALL CALL CALL CALL CALL CALL CALL CA
12 1916 Japan 9 ( )	20 UNDERTAKER / ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: causing nearth, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid"; pneumonia"); Lobar pneumonia; Bronchopneumonia; unqualified is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nuless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," "PUERPERAL septichae-Never report



S. No. 1.

1 PLACE OF DEATH County Alley as	95		STATE OF MAR CERTIFICATE O	F DEATH
Village or City 2	Uase (	30/1	whenes	40.4.0
PERSONAL AND STATIST	ICAL PARTICULA	RS	MEDICAL CERTIFICATE OF	DEATH
SSEX 4 COLOR OR RAGI	1	11.	16 DATE OF DEATH  (Month)  17  I HEREBY GERTIFY, That I	(Day) (Year) attended deceased fro
7 AGE  2 yrs. / O	n) (Day) mos. 25 ds.	(Year)  If LESS than  1 day,hrs.  ORmin.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at 11-360
particular kind of work	2002 U- 71	Wol	Contributory Broncho (Secondary)	yrs 20 mos 20 d Precessor
OF FATHER (State or country)  12 MAIDEN NAME	mehrer	ur	(Signed)  (Signed)  *State the Disease Causing Death, or, i Causes, state (1) Means of Injury; and tal, Suicidal, or Homicidal.	there my deaths from VIOLENT
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Ma	yM Plus	nmer		metitutions, Transient
(Informant) Mary Ma	ret Win	rebrims	Where was disease contracted, If not at place of death?  Former or usual residence	DATE OF BURIAL
(Address)		REGISTRAR	Prostburg	10-16, 1944 ADDRESS
If more blanks as	e needed, address		r. 6 E. Franklin St. Ralto. Requesting V. S. N.	In 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. ated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servent, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(roup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-



S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT stated EXACTLY. Exact properly classified. 4 pe IS pinous UNFADING INK-THIS AGE supplied. may DEATH in piain terms, so that it m. See instructions on back of certificate. carefully WRITE PLAINLY, WITH should DEATH In plain of Information CAUSE OF Important. B. ż

13 BIRTHPLACE OF MOTHER (State or country)

TO

14 THE ABOVE IS

(Informant)

16

(Address) ...

Village or City Longering (No. Sept. 2 PULL NAME Sarah Mar	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or Institution, give its NAME inslead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, MIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Month)  (Day  (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?	16 DATE OF DEATH  (Month) (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191 4 to 1
OF FATHER OSTEN Country)  10 NAME OF FATHER OSTEN Carter  11 BIRTHPLACE OF FATHER (State or country) Winchester. 72  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF STATE OF MOTHER OF MO	(Signed) (Duration) (President of Resident

	TAL, SUICIDAL, OF HOMICIDAL.	/
1	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS)	ONS, TRANSIENTS
ı	OR RECENT RESIDENTS)	

At place In the State ..... .... yrs. ..... mos. yrs, \_\_\_\_ mos. ... Where was disease contracted,

it not at place of death? Former or

usual residence

OR REMOVAL 20 UNDERTABER!

DATE OF BURIA

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

REGISTRAR

THE BEST OF MY KNOWLEDGE'



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Munager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carein-

affection need not be stated unless important. advular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Surcoma, etc., of...... (name origiu; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnaultion," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. iujury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify a ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of 'Tumor" for multg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  County Allegania	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.			
Village or City (No.), Tust St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]  2FULL NAME  2FULL NAME  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male That (Write the word)	(Month) (Day (Year)			
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attanded deceased from			
(Month) (Day (Year)	that I last saw have alive on All 2 2 191 4			
7 AGE   It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at			
a) Trade, profession, er particular kind of work.	and Pulmon by Ordens			
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.			
9 BIRTHPLACE (State or country)	Gontributory Secondary  (Doration) yrs 6 mes ds			
10 NAME OF John Brick	(Sigged) Cild, MS meet, N. O.			
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
of Mother Margret / Lorbia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERS			
13 BIRTHPLACE OF MOTHER (State or country)  Services	At place In the ot death yrs, mos ds			
(Interment) Muss Curred Bute	Where was disease contracted, If not at place ot death?			
(Address) 1 Know St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Filed JAN 28 1974 Fredunghus	20 UNDEBTAKER ADDRESS			
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1			

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cated thus: Farmer (retired 6 yrs.) For persons "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carcin-

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